

LI 000004711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

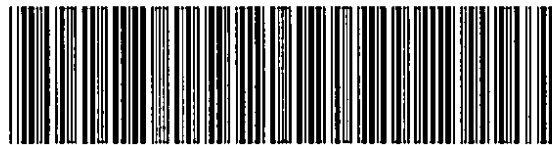
(Business Entity Name)

(Document Number)

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RECEIVED
JUL 20 2020
CLERK OF SUPERIOR COURT
JUL 20 2020

Revocation

AUG 20 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 450 WEST 17 STREET # 1215 LLC
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ALI DURR

Contact Person

Firm/Company

501 S. OCEAN BLVD APT 203

Address

BOCA RATON FL. 33432

City, State and Zip Code

Q. Onur @ a H. net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRAIN TAMONEY

Name of Contact Person

at (910) 725-0217
Area Code Daytime Telephone Number

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: 450 WEST 17 STREET # 1215 LLC
2. The document number of the company is L11 00000 4711
3. The effective date the Dissolution was filed is 04 / 29 / 2020
4. The revocation of dissolution was authorized on 04 / 29 / 2020
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

20 APR 29 11:49:47

1. The name of a limited liability company is
450 WEST 17 STREET # 1215 LLC

2. The Articles of Organization were filed on 01/12/2011 and assigned
document number L11000004711

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

Consent of all members of the company

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: N/A

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed
above to wind up the company's activities and affairs:

Ali Onur
Signature

Ali Onur

Printed Name

FILING FEE: \$25.00