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(Re	questor's Name)	
(Add	dress)	
(Ada	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Chance Plumbing of Flor Name of Limited Liability Con	nda LLC
The enclosed Statement of Revocation of Dissolution for Florida Limit submitted for filing.	
Please return all correspondence concerning this matter to:	
JAMES A MAGGI IL Contact Person	_
Channel Plumbing of Florida LLC Firm/Company	=
1838 SW NOTRE DAME AUC Address	-
PORT SAINT LUCIE FL 34953 City, State and Zip Code	-
James Maggi Plubing @ Yahoo. Com E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call: Times A Magai II at (772 Name of Contact Person Area Code	, 201-7613
Name of Contact Person Area Code	Daytime Telephone Number
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, Florida 32301

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: Chance Plumbing of Florida LLC
2.	The document number of the company is
3.	The effective date the Dissolution was filed is October 20, 2017
4.	The revocation of dissolution was authorized on November 6, 2017
5.	A copy of the Articles of Dissolution is attached. A copy of the Articles of Dissolution is attached. Signature of person authorized to submit the revocation of dissolution Property 17
	Filing Fee: \$100.00
	Certified Copy: \$30.00 (optional)