

LI1660038272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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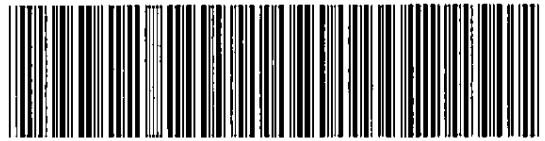
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 11/13/2017  
ACCT. I20160000072

*en: c SW*

Name:	CML-AZ FLO, LLC (FL)
Document #:	L11000038272
Order #:	10713231

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ 130.00



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CML-AZ FLO, 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:

Lori Buckler

Contact Person

Firm/Company

790 NW 107TH AVENUE, SUITE 400

Address

MIAMI, FL 33172

City, State and Zip Code

SPEREQUESTS@RIALTOCAPITAL.COM

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

For further information concerning this matter, please call:

LOR BUCKLER

at (305)

229-6675

Name of Contact Person

Area Code

Daytime Telephone Number

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

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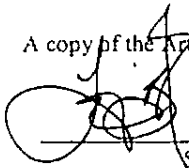
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**STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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: CML-AZ FLO, LLC
2. The document number of the company is L11000038272
3. The effective date the Dissolution was filed is 11/2/17
4. The revocation of dissolution was authorized on 11/2/17
5. A copy of the Articles of Dissolution is attached.



\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution  
LORI BUCKLER, AUTHORIZED PERSON

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

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