## L11000038590

(Requestor	's Name)
(Address)	
(Address)	
(City/State	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
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## **COVER LETTER**

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	COVER LETTER		20 50
TO: Registration Section Division of Corporations			20183307 W. 180
SUBJECT: Holly Consultants, LLC			19 (1)
Name	of Limited Liability Con	npany	¥.
The enclosed Statement of Revocation of Diss submitted for filing.	olution for Florida Limit	ed Liability Company and fee(s) ar	<i>5</i> ? 'e
Please return all correspondence concerning th	nis matter to:		
Barry Gutknecht			
Contact Person		-	
Holly Consultants			
Firm/Company		-	
780 S Sapodilla Ave #108			
Address		-	
West Palm Beach, FL 33401			
City, State and Zip Co	de	-	
barry@hollyco.com			
E-mail address: (to be used for future annual	ual report notification)	-	
For further information concerning this matter	, please call:		
Barry Gutknecht	561	346-1280	
Name of Contact Person	Area Code	Daytime Telephone Number	
Mailing Address:		Street Address:	

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

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 satisfact of dissolution.

1.	Holly Consultants The name of the company is:
	L11000038590 The document number of the company is
3.	12/21/2019 The effective date the Dissolution was filed is
4.	2/25/2020 The revocation of dissolution was authorized on
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)

CR2E132 (10/15)