

L110000SS334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

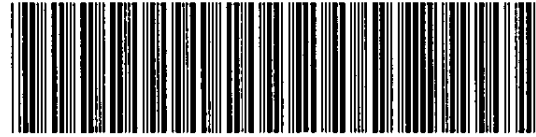
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/02/17--01021--004 **130.00

2017 MAR -2 AM 9:50
MAR 3 2017

M. MILLIGAN

MAR - 3 2017

James D. Palermo
General Counsel and Senior Vice President



March 1, 2017

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

Re: Summerport Village Center Residential, LLC
L11000055334

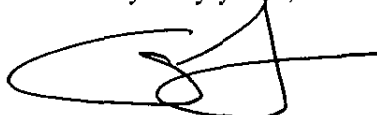
Gentlemen:

Enclosed please find, for filing with your office, a Statement of Revocation of Dissolution for Summerport Village Center Residential, LLC together with our check, in the amount of \$130.00, in payment for the filing fee and for the return to my attention of a certified copy of the Statement of Revocation.

I am also enclosing a copy of the Articles of Dissolution issued by your office on February 24, 2017 and a self-addressed prepaid Fed X envelope for your use in returning the certified copy of the Statement of Revocation to me.

Thank you for your cooperation.

Very truly yours,



JAMES D. PALERMO

JDP/ms
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Summerport Village Center Residential, 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:

James D. Palermo

Contact Person

DeBartolo Holdings, LLC

Firm/Company

15436 North Florida Avenue, Suite 200

Address

Tampa, FL 33613

City, State and Zip Code

jpalamo@debartoloholdings.com

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

For further information concerning this matter, please call:

James D. Palermo

Name of Contact Person

at (813)

Area Code

264-8803

Daytime Telephone Number

STREET ADDRESS:

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

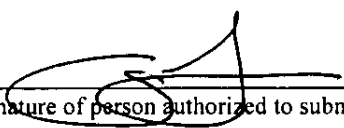
MAILING ADDRESS:

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

**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: Summerport Village Center Residential, LLC
2. The document number of the company is L11000055334
3. The effective date the Dissolution was filed is February 23, 2017
4. The revocation of dissolution was authorized on February 27, 2017
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)

2017 MAR -2 AM 9:50
FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA

State of Florida

Department of State

I certify from the records of this office that SUMMERPORT VILLAGE CENTER RESIDENTIAL, LLC was a limited liability company organized under the laws of the State of Florida, filed on May 10, 2011.

The document number of this limited liability company is L11000055334.

I further certify that said limited liability company was voluntarily dissolved on February 23, 2017.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the
Twenty Fourth day of February, 2017*

Ken DeFries

Secretary of State



Authentication ID: 700295906127-022417-L11000055334

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<https://efile.sunbiz.org/certauthver.html>