

**L110000092541**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

WAIT

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(Business Entity Name)

(Document Number)

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AUG 26 2011

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08/24/11--01013--007 \*\*100.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MSPRH, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Revocation of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Puder

Name of Person

MSPRH, LLC

Firm/Company

3930 Max Place

Address

Boynton Beach, FL 33436

City/State and Zip Code

romyna@mspmgmt.com

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

For further information concerning this matter, please call:

Romyna Sheehan

Name of Person

at ( 561 ) 742-9290

Area Code & Daytime Telephone Number

### STREET/COURIER 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, Florida 32314

Enclosed is a check for the following amount:

☒ \$100 Filing Fee

☐ \$105 Filing Fee &

☐ \$130 Filing Fee &

☐ \$135 Filing Fee,

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

Pursuant to section 608.4411, 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 MSPRH, LLC.
2. The document number of the company is L11000092541.
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was  
8/12/2011.
4. The revocation of dissolution was authorized in the same manner as the dissolution on 8/12/2011.

Signatures of the members having the same percentage membership interests necessary to approve the revocation of dissolution:

Signature

Typed or Printed Name

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Michael Puder  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11 AUG 24 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILED**