

LI 0000 95458

(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



000257514470

03/17/14--01009--014 \*\*100.00

14 MAR 17 PM 12:38  
SUN. STATE  
TALLAHASSEE, FLORIDA

LENNERS MAR 19 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Right Size Renovations 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:

Jason Budds

Contact Person

Right Size Renovations LLC

Firm/Company

30653 Forest Parke DR

Address

Fernandina FL 32034

City, State and Zip Code

jasonbudds@aol.com

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

For further information concerning this matter, please call:

Jason Budds

Name of Contact Person

at ( 904 )

Area Code

338-5728

Daytime Telephone Number

**STREET ADDRESS:**

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

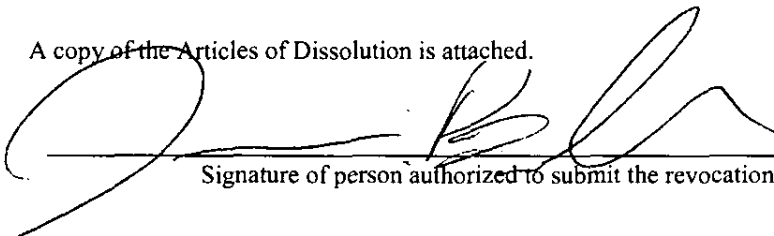
**MAILING ADDRESS:**

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: Right Size Renovations LLC
2. The document number of the company is L11000095458
3. The effective date the Dissolution was filed is 12/5/13
4. The revocation of dissolution was authorized on 12/5/13
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)**

14 MAR 17 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA