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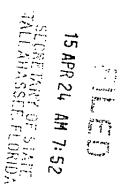
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COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Golf the Quarry, LLC	
Name of Limited Liability Co	mpany
The enclosed Statement of Revocation of Dissolution for Florida Lim submitted for filing.	ited Liability Company and fee(s) a
Please return all correspondence concerning this matter to:	3
Bob Carson	
Contact Person	_
Golf The Quarry, LLC	;
Firm/Company	•
34413 Cedarfield Drive	_
Address	
Ridge Manor, FL 33523	1
City, State and Zip Code	
rmogolf@hotmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Bob Carson at (772	971-7579
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

I AM INCLUDING THE ANNUAL REPORT
FEG WITH THE \$100.00 FEE SINCE
CRZE132 (2/14) THE ANNUAL REPORT FEE IS DUE
BY MAY 1. PLEASE ADVISE IF
THERE ARE ANY ISSUES WITH THIS.

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.	Golf the Quarry, LLC The name of the company is:		. ,
2.	The document number of the company is	and the control of th	;
3.	The effective date the Dissolution was filed is		
4.	The revocation of dissolution was authorized on 4/16/2015		<i>n</i>
5.	A copy of the Articles of Dissolution is attached.	ECREPANY	es un
	Signature of person authorized to submit the revocation of dissolution	# 7:52 FLORIC	S. "" T.

\$100.00

Certified Copy: \$30.00 (optional)

Filing Fee:

CR2E132 (2/14)