

U11000104239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2015 JUN -2 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 03 2015  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2015

ELIZABETH DELUCCA  
9578 NW 41 ST  
DORAL, FL 33178

SUBJECT: ALFA BUILDERS 4 LLC  
Ref. Number: L11000109239

We have received your document for ALFA BUILDERS 4 LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed annual report or reinstatement application and fee(s) must be submitted before the Revocation of Articles of Dissolution can be processed. Please complete and return the enclosed annual report or reinstatement application and the appropriate fee(s) to the PERSONAL AND CONFIDENTIAL ATTENTION of the undersigned.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 615A0000974

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALFA BUILDERS 4 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:

ELIZABETH DELUCCA

Contact Person

ALFA BUILDERS 4 LLC

Firm/Company

9578 NW 41 ST

Address

DORAL, FLORIDA, 33178

City, State and Zip Code

UNOREALESTATEMIAMI@GMAIL.COM

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

For further information concerning this matter, please call:

ELIZABETH DELUCCA

Name of Contact Person

at 305 6997660

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: ALFA BUILDERS 4 LLC
2. The document number of the company is L11000109239
3. The effective date the Dissolution was filed is 4/30/2015  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
4. The revocation of dissolution was authorized on 4/30/2015
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)**

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