## #L/1000/18608

| (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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2014 JUN 11 PM 2: 41
SECRETARY OF STATE

K. SALY EXAMMER

JUN 11 2014



May 14, 2014

KING'S INSTITUTE OF PRIVATE SERVICE, LLC JASON KING 361 NW 36TH ST. OAKLAND PARK, FL 33309

SUBJECT: KING'S INSTITUTE OF PRIVATE SERVICE, LLC

Ref. Number: L11000118608

We have received your document for KING'S INSTITUTE OF PRIVATE SERVICE, 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.

Letter Number: 414A00010427

Karen A Saly Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

| TO: Registration Section Division of Corporations                   |                         |  |
|---|-------------------------|--|
| SUBJECT: Kings Institute Of Private S                               | Service LLC             |  |
|   | of Limited Liability C  | ompany   |
| The enclosed Statement of Revocation of Disso submitted for filing. | lution for Florida Lin  | nited Liability Company and fee(s) are                         |
| Please return all correspondence concerning this                    | s matter to:            |  |
| _Jason King   |                         |  |
| Contact Person  |                         |  |
| Kings Institute of private service                                  |                         |  |
| Firm/Company  |                         |  |
| 361 NW 36th St  |                         |  |
| Address   |                         |  |
| Oakland Park Florida 33309  | )                       |  |
| City, State and Zip Cod   | e                       |  |
| jason@kingsinstitute.biz  |                         |  |
| E-mail address: (to be used for future annua                        | al report notification) |  |
| For further information concerning this matter,                     | please call:            |  |
| Jason king  | at (                    | 8013046  |
| Name of Contact Person  | Area Cod                | e Daytime Telephone Number                                     |
| STREET ADDRESS: Registration Section Division of Corporations       |                         | MAILING ADDRESS: Registration Section Division of Corporations |
| Clifton Building  |                         | P. O. Box 6327   |
| 2661 Executive Center Circle<br>Tallahassee, Florida 32301          |                         | Tallahassec, FL 32314  |

## STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2014 JUN 11 PH 2: 44

ALLAHASSEE, FI OPER

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. | kings Institute of Private Service The name of the company is:         |
|----|--|
| 2. | The document number of the company is                                  |
| 3. | The effective date the Dissolution was filed is                        |
| 4. | The revocation of dissolution was authorized on                        |
| 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)

CR2E132 (2/14)