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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GREEN SCHOENFELD & KYLE LLP
Account Number : I20000000177
Phone : (239)936-7200
Fax Number : (239)936-7997

**LLC REVOCATION OF DISSOLUTION
RIGHT CHOICE REALTY II LLC**

Certificate of Status	0
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2019 JUN 18 PM 4:05

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JUN 19 2019

**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.

RIGHT CHOICE REALTY II LLC

1. The name of the company is: _____

L12000008465

2. The document number of the company is _____

FILED ON APRIL 12, 2019, EFFECTIVE APRIL 15, 2019

3. The effective date the Dissolution was filed is _____

JUNE 18, 2019

4. The revocation of dissolution was authorized on _____

5. A copy of the Articles of Dissolution is attached.

KEVIN KYLE, AUTHORIZED REPRESENTATIVE

Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

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Apr 12, 2019
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

RIGHT CHOICE REALTY II LLC

The document number of the limited liability company: L12000008465

The file date of the articles of organization: January 17, 2012

The effective date of the dissolution if not effective on the date of filing: April 15, 2019

A description of occurrence that resulted in the limited liability company's dissolution:

NO LONGER DOING BUSINESS

The name and address of the person appointed to wind up the company's activities and affairs:

8620 WINNIPESAUKEE WAY

LAKE WORTH, 33467

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: DENISE DONDE

Electronic Signature of authorized person

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