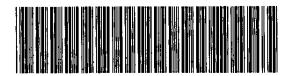
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(Re	questor's Name)	-
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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K.SALY EXAMINER MAR 14

## COVER LETTER

10:	Registration Section Division of Corporations		
SUBJE	ECT. 2929 ENTERPRISES LLC		
SOBOL	Name of Limi	ted Liability Con	npany
	closed Statement of Revocation of Dissolution ted for filing.	for Florida Limit	ed Liability Company and fee(s) are
Please	return all correspondence concerning this matte	er to:	
NUBIA	A BAQUEDANO MIRALDA		
	Contact Person		_
2929 E	ENTERPRISES LLC		
	Firm/Company		-
8295 N	NW 56 ST		
	Address		_
DORA	L FL 33166		
	City, State and Zip Code		_
	Z999@AOL.COM		•
E-	mail address: (to be used for future annual repo	rt notification)	_
For fur	ther information concerning this matter, please	call:	
SUSIE	ESANCHEZ	at ( 305	556-0084
	Name of Contact Person	Area Code	Daytime Telephone Number
	STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314
	Tallahassee, Florida 32301		

## STATEMENT OF REVOCATION OF DISSOLUTION 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.	2929 ENTERPRISES LLC The name of the company is:
	The document number of the company is
3.	3/2/2016 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 (10/15)