

L12000033639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

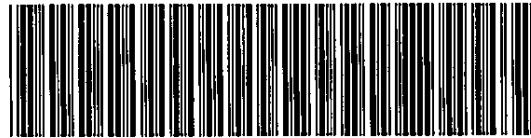
(Document Number)

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12/08/16--01021--002 \*\*65.00

11/15/16--01004--014 \*\*35.00

2016 DEC -2 PM 1:16  
RECEIVED  
CLERK OF SUPERIOR COURT  
JULIA A. BROWN, CLERK

MR. MILLIGAN  
DEC 06 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2016

INDEPENDENCIA ASSET MANAGEMENT LLC  
ATTN: CLAUDIO ZICHY  
80 SW 8TH ST, STE 2600  
MIAMI, FL 33130

SUBJECT: REUS ONE OLIVER LLC  
Ref. Number: L12000033639

We have received your document for REUS ONE OLIVER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

The fee to file the revocation of dissolution is \$100.00. Therefore there is a balance due of \$65.00.

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.

Michelle Milligan  
Senior Section Administrator

Letter Number: 016A00024414

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REUS ONE OLIVER 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:

LAURA DAMBOLENA

Contact Person

REUS ONE OLIVER LLC

Firm/Company

80 SW 8th STREET, SUITE 2600

Address

MIAMI, FLORIDA 33130

City, State and Zip Code

ldambolena@indepasset.com

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

For further information concerning this matter, please call:

LAURA DAMBOLENA at ( 786 ) 536-5416  
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

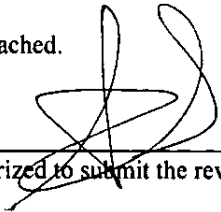
**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RECEIVED  
2016 DEC -2 PM 3:02  
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: REUS ONE OLIVER LLC
2. The document number of the company is L12000033639
3. The effective date the Dissolution was filed is 11/04/2016
4. The revocation of dissolution was authorized on 11/05/2016
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)

FILED  
2016 DEC -2 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **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:

**REUS ONE OLIVER LLC**

The document number of the limited liability company: L12000033639

The file date of the articles of organization: March 8, 2012

The effective date of the dissolution if not effective on the date of filing: November 4, 2016

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

**VOLUNTARILY DISSOLUTION.**

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

**CLAUDIO ZICHY**  
**80 SW 8TH STREET, SUITE 2600**  
**MIAMI, FL 33130**

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: **CLAUDIO ZICHY**

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Electronic Signature of authorized person