

L12000074200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

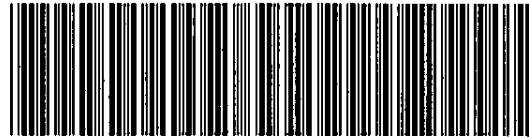
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 JUL 15 PM 3:48

CLERK OF SUPERIOR COURT  
JANUARY 1, 1900  
JUL 15 2014

JUL 15 2014  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 3, 2014

STEVE VINCENT  
3101 N. FEDERAL HWY., SUITE 71  
FORT LAUDERDALE, FL 33306

SUBJECT: ARROW QUEST, LLC  
Ref. Number: L12000074200

We have received your document for ARROW QUEST, 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: 314A00014406

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2014 JUL 15 PM 3:48

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Arrow Quest 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:

Steve Vincent

Contact Person

Arrow Quest LLC

Firm/Company

3101 No. Federal Hwy., Suite 701

Address

Fort Lauderdale, FL 33306

City, State and Zip Code

myrnacian@hotmail.com

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

For further information concerning this matter, please call:

Myrna Cian

at ( 954 )

563-4066

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:**

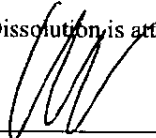
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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2014 JUL 15 PM 3:48  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

**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: Arrow Quest LLC
2. The document number of the company is L12000074200
3. The effective date the Dissolution was filed is 03/20/2014
4. The revocation of dissolution was authorized on 06/13/2014
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)

**FILED**  
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CLERK 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:  
ARROW QUEST, LLC

The document number of the limited liability company: L12000074200

The file date of the articles of organization: June 4, 2012

The effective date of the dissolution if not effective on the date of filing: March 20, 2014

A description of occurrence that resulted in the limited liability company's dissolution:  
BUSINESS IS CLOSED.

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

STEPHEN VINCENT  
3101 N FEDERAL HWY, SUITE 701  
FORT LAUDERDALE, FL 33306

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: STEPHEN VINCENT

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Electronic Signature of authorized person