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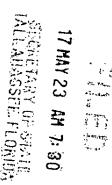
(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
(Ad	ldress)	<u> </u>
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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MAY 2 3 2017 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: STRE LLC		
	mited Liability Cor	npany
The enclosed Statement of Revocation of Dissolution submitted for filing.	on for Florida Limit	ed Liability Company and fee(s) are
Please return all correspondence concerning this ma	tter to:	
NED KUBICA		
Contact Person		_
ATLANTIC CORPORATE SERVICES LLC		
Firm/Company		_
7950 NW 53RD ST STE 337		
Address		_
MIAMI FLORIDA 33166		
City, State and Zip Code		_
office@nsholding.us		
E-mail address: (to be used for future annual re	port notification)	_
For further information concerning this matter, please	se call:	
NED KUBICA	786 at (707 7111
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		

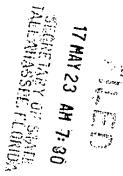
STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

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.	STRE LLC The name of the company is:	
2.	The document number of the company is	
3.	June 22 2012 The effective date the Dissolution was filed is	
4.	The revocation of dissolution was authorized on April 29 2017	
5.	A copy of the Articles of Dissolution is attached.	
	RILEY PARK AP	
Signature of person authorized to submit the revocation of dissolution		

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)



CR2E132 (10/15)