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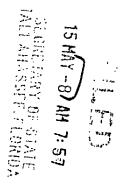
(Re	equestor's Name)		
(Ac	ddress)		
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(Ci	ity/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
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A. Subrois MAY 1 4 2015

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT. SMART INVESTMENT SOLUTION LI	LC	
зоро.		ted Liability Con	npany
	nclosed Statement of Revocation of Dissolution tted for filing.	for Florida Limite	ed Liability Company and fee(s) are
Please	return all correspondence concerning this matter	er to:	
CARI	OS R. COSTA		
	Contact Person		-
SMAI	RT INVESTMENT SOLUTION LLC		
	Firm/Company		-
4510	NW 12TH DRIVE		
	Address	, , ,	-
POMI	PANO BEACH, FL 33064		
<u></u> "	City, State and Zip Code	-	_
CRBA	ARBUSCI@GMAIL.COM		
E	mail address: (to be used for future annual repo	rt notification)	-
For fu	rther information concerning this matter, please	call:	
CARI	LOS COSTA	954 at ()
	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

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.	SMART INVESTMENT SOLUTION LLC The name of the company is:
2.	The document number of the company is
3.	O4/09/2015 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.
	Filing Fee: \$100.00 Certified Copy: \$30.00 (optional)

CR2E132 (4/15)