## L12000097466

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)
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T. CLINE NOV 8 0 2012 EXAMNER

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## **COVER LETTER**

TO: Registration Sec Division of Cor					
SUBJECT:	SKN LLC				
		ed Liability Company	-, <u>.</u> ,		
Dear Sir or Madam:					
The enclosed Articles of	Revocation of Dissolution	and fee(s) are submitted	for filing.		
Please return all correspo	endence concerning this m	atter to the following:			
	IZEMAL R. PA	TEL_			
	Name of Person				
	SKN LLC				
	Firm/Company				
11251 CA	Address	UNIT 3109	<b>S</b>		
JACKSON	rue, FL ?	32256			
Ci	ty/State and Zip Code	·· <del>-</del> ·			
	27826@ Gr				
E-mail address: (to be	e used for future annual repor	rt notification)			
For further information of	concerning this matter, ple	ase call:			
	7. PAMEL	at ( 267 ) Area Code & I	471 - 828	30	
Name (	of Person	Area Code & L	Daytime Telephone Ni	imber	
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 323	s Circle	MAILING A Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations	2612 HOV 29 PH SECRETARY OF TALLARASSEST	A STATE OF THE STA
Enclosed is a check for	the following amount:			HIZ-LI	110
\$100 Filing Fee	□ \$105 Filing Fee & Certificate of Status	□ \$130 Filing Fee & Certified Copy	□ \$135 Filing Fe Certificate of S Certified Copy	ee, Status &	

## ARTICLES OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 608.4411, 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	vis 3nn ccc	•			
2.	The document number of the company is <u>L12000097466</u> .					
3.	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was					
4.	The revocation of dissolution was authorized in the same manner as the dissolution on					
-	natures of the members having essary to approve the revoca	ng the same percentage member tion of dissolution:	ership interests			
Sign	in 12 fund	Typed or Printed Name	) 17= (			
			\$1035 741035			
			20 78 E			
	Fili	ing Fee: \$100.00	1			