

L12 000127536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

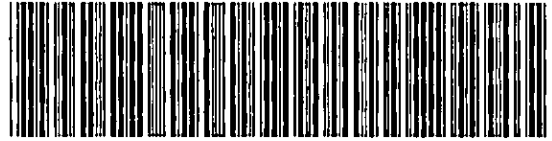
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

7/31

Office Use Only



100345479261

08/12/20--01023--001 **45.50

08/08/20--01037--030 **52.50

FILED

2020 JUL 31 P 1:09

LLC
Rev. of
Diss.

AUG 11 2020

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2020

ROBERT SECU
3625 PEMBROKE RD
STE C16
HOLLYWOOD, FL 33021

SUBJECT: HIGHWAY RUNNERS LLC
Ref. Number: L12000127536

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$47.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fee to file the articles of revocation of dissolution is \$100. Please include an additional \$30 for each certified copy (optional) requested.

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 020A00013114

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Highway Runners 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:

Robert Secu
Contact Person

Highway Runners LLC
Firm/Company

3625 Pembroke Rd Ste. C16
Address

Hollywood, FL 33021
City, State and Zip Code

robert.secu@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Secu at (954) 326-1885
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

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

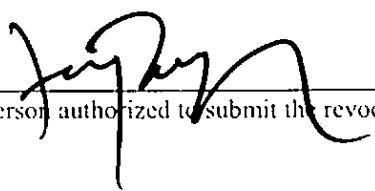
Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: HIGHWAY RUNNERS LLC
2. The document number of the company is C 12 000 127 536
3. The effective date the Dissolution was filed is Feb - 17 - 2020
4. The revocation of dissolution was authorized on May - 28 - 2020
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)

FILED
2020 JUL 31 P 1:09
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

FILED
Feb 17, 2020
Secretary of State

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:
HIGHWAY RUNNERS LLC

The document number of the limited liability company: L12000127536

The file date of the articles of organization: October 5, 2012

The effective date of the dissolution if not effective on the date of filing: February 17, 2020

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

The name and address of the person appointed to wind up the company's activities and affairs:
ROBERT SECU
218 NE 12 AVE APT 308
HALLANDALE, 33009

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: ROBERT SECU

Electronic Signature of authorized person