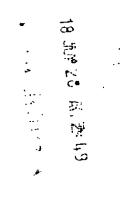
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Decidential De	octor,1	-L(
	Name of Limited	Liability Com	pany
	closed Statement of Revocation of Dissolution for ted for filing.	Florida Limite	d Liability Company and fee(s) are
Please	return all correspondence concerning this matter to	:	
	Keith Bobenriett	`	
	Contact Person		
	Residential Ducter, LI		
	Firm/Company		
	16091 122nd Dr N Address		
	Address		
	Jupiter FL 33477 City, State and Zip Code		
E-	K bobenrieth 9@ gmail. comail address: (to be used for future admual report no		
	ther information concerning this matter, please call		
	Keith Bubenrieth at		251-3036
	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.

۱.	The name of the company is: Residential Doctor, LLC			
2.	The document number of the company is L 1 2 0 0 0 1 3 5 9 6 5			
3.	The effective date the Dissolution was filed is MAY 17, 2016			
4.	The revocation of dissolution was authorized on June 27, 2018			
5.				
	Huti Blu			
	Signature of person authorized to submit the revocation of dissolution			
	Filing Fee: \$100.00			
Cartified Conv. \$30 (0) (antional)				

CR2E132 (10/15)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is				
Residential Doctor	,116			
2. The Articles of Organization were filed on16	and assigned			
document number <u>L12000135945</u>				
3. The delayed effective date the dissolution if not effective date cannot be prior to or m Note: If the date inserted in this block does not meet the listed as the document's effective date on the Department.	ore than 90 days fater than date document is received for thing) are applicable statutory filing requirements, this date will not be			
4. A description of occurrence that resulted in the lim 605.0707, Florida Statutes, (copy 605.0707 on back	ited liability company's dissolution pursuant to section cover letter).			
Out of husiness	<u> </u>			
	<u> </u>			
	က္က ကို			
	2 6			
5. If there are no members, enter the name and address activities and affairs:				
** <u> </u>				
-				
6. Signature of an authorized person or if there are no listed above to wind up the company's activities and a	members, the signature of the person appointed and iffairs:			
2 e	Printed Name			
Signature	Printed Name			

FILING FEE: \$25.00