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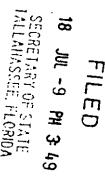
	(Requestor's Name)	
	(Address)	_
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<u> </u>	(City/State/Zip/Phone #)	
PICK-UF	WAIT MAIL	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	_
Special Instructions to Filing Officer:		
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COVER LETTER

TO:	Registration Section Division of Corporations		
	TRAVIS TRANSPORT, LLC		
SUBJ	ECT:	nited Liability Con	mnany
	ranc of Em.	med Emonity Col	mpany
	nclosed Statement of Revocation of Dissolution tted for filing.	for Florida Limi	ted Liability Company and fee(s) are
Please	return all correspondence concerning this matt	er to:	
TRAV	/IS OR DEANNA DEAL		
-	Contact Person		_
	Firm/Company		_
1061	5 VISTA DEL SOL CIRCLE		_
	Address		
CLER	RMONT, FL 34711		
	City, State and Zip Code		-
TRAV	/ISNDEANNA349@YAHOO.COM		
E-	-mail address: (to be used for future annual repo	ort notification)	_
For fu	rther information concerning this matter, please	call:	
DEAN	NNA DEAL	678	873-1135
	Name of Contact Person	Area Code	Daytime Telephone Number
	STREET ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations	
Clifton Building		P. O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301		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.	TRAVIS TRANSPORT, LLC The name of the company is:
2.	The document number of the company is
3.	The effective date the Dissolution was filed is APRIL 12, 2018
4.	The revocation of dissolution was authorized on APRIL 12, 2018
5.	A copy of the Articles of Dissolution is attached.
	Prais Deal
	Signature of person authorized to submit the revocation of dissolution

Fiting Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)