

L12000144580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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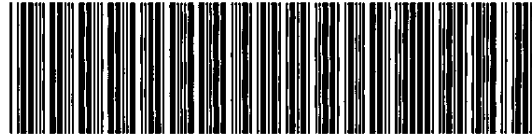
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch FEB 12 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPE FEAR TACTICAL MEDICINE

Name of Limited Liability Company

The enclosed Revocation of Articles of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DAVE FOSTER

Contact Person

CAPE FEAR TACTICAL MEDICINE

Firm/Company

PO BOX 10073

Address

FLEMING ISLAND,FLORIDA 32006

City, State and Zip Code

EMSTC2@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVE FOSTER

Name of Contact Person

at (904)

Area Code

509-4636

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

**REVOCATION OF ARTICLES 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: CAPE FEAR TACTICAL MEDICINE, LLC
2. The document number of the company is L12000144580
3. The effective date the Articles of Dissolution was revoked is JANUARY 10, 2014
4. The revocation of dissolution was authorized on OCTOBER 1, 2013
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA