L13000002001

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
		MAIL
(Bu	siness Entity Nam	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	- <u>.</u>	
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AUG 2.9 2020

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COVER LETTER

TO: **Registration Section** Division of Corporations

450 WEST 17th Street Unit 1704 LLC Name of Limited Liability Company SUBJECT:

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:

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Firm/Company

<u>50/ S. OCETAN BLUD APT</u>203 Address <u>BOLA RATION FL. 33432</u> City, State and Zip Code

Q. ONUN @ Q.H. DE+ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRAIN TAMONEY at (910) 725 0217 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

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CR2E132 (10/15)

STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

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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.

Ι.	The name of the company is: 450 WEST 1744 Street Unit 1704 LL
2.	The document number of the company is
3.	The effective date the Dissolution was filed is $04/29/2020$
4.	The revocation of dissolution was authorized on $04/29/2020$
5.	A copy of the Articles of Dissolution is attached.
	Signature of person authorized to submit the revocation of dissolution

Filing Fee:\$100.00Certified Copy:\$30.00 (optional)

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CR2E132 (10/15)

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	ARTICLES OF DISSOLUTI	ON	
	FOR A LIMITED LIABILITY COM	PANY	20 FT 23 Ft
1. The name of a limited lia	bility company is		
450 WEST 17 STREET UP	SIT 1704 LLC		
2. The Articles of Organizat	ion were filed on		, , , , , , , , , , , , , , , , ,
document number	0002001		\$
Note: If the date inserted i	e the dissolution if not effective on the da ive date cannot be prior to or more than 90 days lat n this block does not meet the applicable statu fective date on the Department of State's reco	story filing requirements, this date w	
4. A description of occurrent	ce that resulted in the limited liability cor	npany's dissolution pursuant to s	ection
605.0707, Florida Statutes Consent of all members of t	s, (copy 605.0707 on back cover letter).		
605.0707, Florida Statutes	s, (copy 605.0707 on back cover letter).		
605.0707, Florida Statutes	s, (copy 605.0707 on back cover letter).		
605.0707, Florida Statutes Consent of all members of t	s, (copy 605.0707 on back cover letter).		
605.0707, Florida Statutes Consent of all members of t	s, (copy 605.0707 on back cover letter). he company		
5. If there are no members, of	s, (copy 605.0707 on back cover letter). he company 		
5. If there are no members, of	s, (copy 605.0707 on back cover letter). he company 		
5. If there are no members, of	s, (copy 605.0707 on back cover letter). he company 		
5. If there are no members, of the second se	s, (copy 605.0707 on back cover letter). he company 		
 5. If there are no members, activities and affairs: 	s, (copy 605.0707 on back cover letter). he company 	appointed to wind up the compan	

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FILING FEE: \$25.00