

L130000009173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

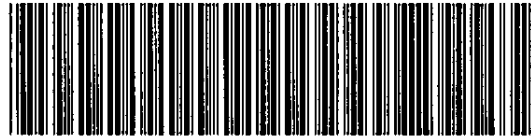
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800265495118

800265495118
11/04/14--01017--018 **100.00

FILED
14 NOV -4 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV - 6 2014
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

E.N.I. LLC

SUBJECT: _____
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:

NIYA CURINTON DIX

Contact Person

E.N.I. LLC

Firm/Company

3720 NW 43RD STREET SUITE 105

Address

GAINESVILLE, FL ~~32608~~ 32606

City, State and Zip Code

NIYA.DIX@GMAIL.COM

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

For further information concerning this matter, please call:

NIYA DIX

352 3598269
at ()

Name of Contact Person

Area Code

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

**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.

E.N.I. LLC

1. The name of the company is: _____

L13000009173

2. The document number of the company is _____

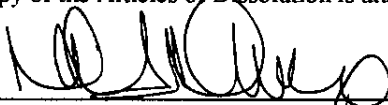
10-31-2014

3. The effective date the Dissolution was filed is _____

10-31-14

4. The revocation of dissolution was authorized on _____

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)

CR2E132 (2/14)

FILED
14 NOV -14 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA