

213 000011643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

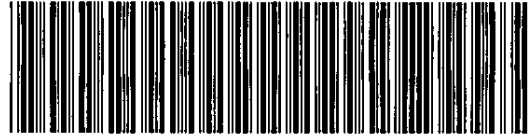
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAFEAR CONSTRUCTION
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:

JOHN LAFEAR

Contact Person

THE LAFEAR GROUP

Firm/Company

1417 SADLER RD, #124

Address

FERNANDINA BEACH, FL 32034

City, State and Zip Code

JLAFEAR@COMCAST.NET

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

For further information concerning this matter, please call:

JOHN LAFEAR

Name of Contact Person

at (904) 237-2226

Area Code

Daytime Telephone Number

STREET ADDRESS:

Registration Section

Division of Corporations Division of Corporations Clifton Building P. O. Box 6327

2661 Executive Center Circle

Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section

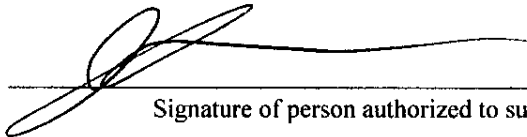
P. O. Box 6327

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.

1. The name of the company is: LAFEAR CONSTRUCTION
2. The document number of the company is L13000011643
3. The effective date the Dissolution was filed is 6/30/2014
4. The revocation of dissolution was authorized on 7/15/2014
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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