

L13000039657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

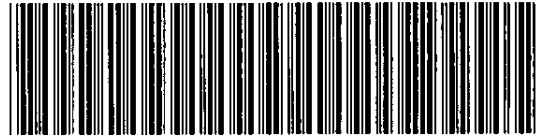
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200282221622

02/17/16--01020--021 \*\*100.00

CLERK OF SUPERIOR COURT  
JANUARY 17, 2016

16 FEB 17 PM 1:31

FEB 19 2016

Y SULKER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Eden Management LLC  
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:

ERAN Dabush

Contact Person

Eden management LLC

Firm/Company

~~77 Rosea~~ 2346 Winkler Ave Apt 5105

Address

Fort Myers, FL 33901

City, State and Zip Code

dabushn1@gmail.com

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

For further information concerning this matter, please call:

ERAN Dabush

Name of Contact Person

at ( 317 ) 445-8011

Area Code

Daytime Telephone Number

**STREET ADDRESS:**

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

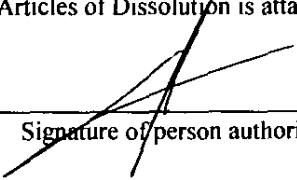
**MAILING ADDRESS:**

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.

1. The name of the company is: Eden Management LLC
2. The document number of the company is L13000039657
3. The effective date the Dissolution was filed is 1/19/2016
4. The revocation of dissolution was authorized on 2/9/2016
5. A copy of the Articles of Dissolution is attached.

  
Signature of person authorized to submit the revocation of dissolution

FILED  
16 FEB 17 PM 1:31  
CLERK OF CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
DADE COUNTY, FLORIDA

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