

L17000062648

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers APR 08 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1635 SEACREST 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:

T R Laxman

Contact Person

T R The Taxman Inc

Firm/Company

9858 Clint Moore Rd., Suite C111-131

Address

Boca Raton, FL 33496

City, State and Zip Code

tr@trthetaxman.net

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

For further information concerning this matter, please call:

T R Laxman

Name of Contact Person

at (561)

Area Code

404 3057

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.

1. The name of the company is: 1635 SEACREST LLC
2. The document number of the company is L 13000062648
3. The effective date the Dissolution was filed is 04-16-2014
4. The revocation of dissolution was authorized on 03-31-2014
5. A copy of the ^{*certificate*}~~Articles~~ of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution
RAMASHANT LATMAS-E.R.

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

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