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## **COVER LETTER**

TO: Registration Section Division of Corporations	•			
SUBJECT: ARTISAN	GROUP, LLC Name of Limited Liability Con			
SOBJECT.	Name of Limited Liability Con	npany	-	
The enclosed Statement of Revocation o submitted for filing.	f Dissolution for Florida Limit	ed Liability Company and f	ee(s) are	
Please return all correspondence concern	ning this matter to:			
JERRY ROWLAND Contact Pers		_		
Contact Pers	on			
ARTISAN Group LL. Firm/Compa	<u>C</u>	_		
1498 NW 3RD ST		_		
Address	. 1			
Door field Beach City, State and Z	FL 33484 Zip Code	-	2016 SEC	-
Jerry Chanderaft Co E-mail address: (to be used for future	oras, Com	A # # # # # # # # # # # # # # # # # # #	APR 29	
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For further information concerning this  SERRY ROWLAND	at (954	421-2008	T D D	
Name of Contact Person	Area Code	Daytime Telephone N	umber 💍	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		
Tallahassee, Florida 32301		•		

## 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: ARTISAN GROUP, LLC
2.	The document number of the company is
3.	The effective date the Dissolution was filed is $\frac{4-13-2016}{}$
	The revocation of dissolution was authorized on 4-13-2016
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 (10/15)