

L 13000085590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

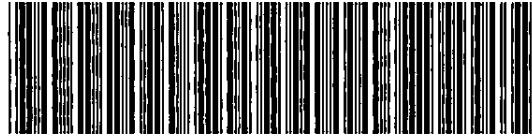
(Business Entity Name)

(Document Number)

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

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TAMPA ST CAPITAL LLC

Name of Limited Liability Company

The enclosed Revocation of Articles of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Connell D OBrien

Contact Person

Tampa St Capital LLC

Firm/Company

3812 N Tampa St

Address

Tampa FL 33603

City, State and Zip Code

dave.tampahomes@gmail.com

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

For further information concerning this matter, please call:

Connell D OBrien

Name of Contact Person

at ( 813 )

Area Code

361 0001

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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA 32301

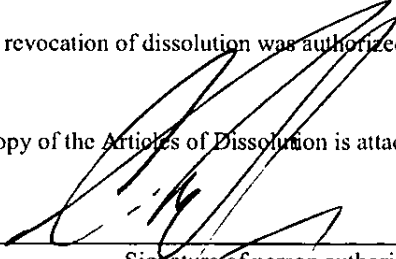
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**REVOCATION OF ARTICLES OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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: TAMPA ST CAPITAL LLC
2. The document number of the company is L13000085590
3. The effective date the Articles of Dissolution was revoked is 03/05/2014
4. The revocation of dissolution was authorized on 03/05/2014
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)**

CR2E132 (12/13)

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HALL COUNTY FLORIDA