## L170000 44548

| (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



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04/21/15--01030--004 \*\*243.76



## COVER LETTER

| TO:    | Registration Section Division of Corporations                   |                    |                                     |
|--------|---|--------------------|-------------------------------------|
| SUBJ   | MIC EVENESS II C  |                    |                                     |
| SOR1   | ECT:  | ited Liability Cor | mpany                               |
|        | nclosed Statement of Revocation of Dissolution tted for filing. | for Florida Limit  | ed Liability Company and fee(s) are |
| Please | return all correspondence concerning this matt                  | er to:             |                                     |
| VLA    | DIMIR MOSIA   |                    |                                     |
|        | Contact Person  |                    | -                                   |
| MIG    | EXPRESS, LLC  |                    |                                     |
|        | Firm/Company  |                    | _                                   |
| 1800   | S OCEAN DR SUITE 3805   |                    |                                     |
|        | Address   |                    | _                                   |
| HA     | LLANDALE FL 33009   |                    |                                     |
|        | City, State and Zip Code  |                    | _                                   |
| mige   | expressllc@gmail.com  |                    |                                     |
| E-     | mail address: (to be used for future annual repo                | ort notification)  | _                                   |
| For fu | rther information concerning this matter, please                | e call:            |                                     |
| VLA    | DIMIR MOSIA   | at ( 305           | 4990041                             |
|        | Name of Contact Person  | Area Code          | Daytime Telephone Number            |
|        | STREET ADDRESS:   |                    | MAILING ADDRESS:                    |

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. | MIG EXPRESS, LLC The name of the company is:   | <del>-</del>  |
|----|--|---|
| 2. | The document number of the company is  | _   |
| 3. | 01/21/2015 The effective date the Dissolution was filed is   | <u>.</u>  |
| 4. | The revocation of dissolution was authorized on  | -   |
| 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) | Anna Addition of the Addition |

CR2E132 (2/14)