# L13000 106646

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
Caroniaco Enal, valino,
(Document Number)
(Boodine Hamber)
Cartified Capies Cartificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600300781376

07/05/17--01033--003 \*\*100.00

ZOUT JUL -5 AN IO: 51
SECRETARY OF STATE
ALLAHASSEE ET CONT

J. HARRIS

# **COVER LETTER**

TO: Registration Section
Division of Corporations
SUBJECT: Detter leve) Mediations 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:
Glenn Lawrence Contact Person
Contact Person
Firm/Company
P.O. Box 55/664  Address
Jackson ville 71 32255
City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Flenn Lawrence al (404) 710-79(00)
Name of Contact Person Area Code 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: Better Level Mediations L.L.
2.	The document number of the company is $\frac{L13000/06646}{}$
3.	The effective date the Dissolution was filed is 5-17-17
4.	The revocation of dissolution was authorized on 5-18-17
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)

ZHIT JUL -5 AN IO: 51

### FILED May 17, 2017 Secretary of State

# ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State: BETTER LEVEL MEDATIONS L.L.C.

The document number of the limited liability company: L13000106646

The file date of the articles of organization: July 29, 2013

The effective date of the dissolution if not effective on the date of filing: May 18, 2017

A description of occurance that resulted in the limited liability company's dissolution:

THE COMPANY HASN'T BEEN IN BUISNESS

The name and address of the person appointed to wind up the company's activities and affairs:

GLEN LAWRENCE 3412 EMERALD ISLE CIR JAX, FL 32246

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: GLEN LAWRENCE

Electronic Signature of authorized person

