

L 13000112089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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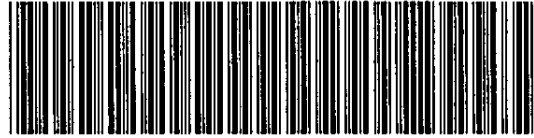
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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D. BRUCE  
FEB 14 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mint Hill Partners, 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:

Lynda Watkins

\_\_\_\_\_  
Contact Person

Stiles Corporation

\_\_\_\_\_  
Firm/Company

301 E Las Olas Blvd

\_\_\_\_\_  
Address

Ft. lauderdale, FL 33301

\_\_\_\_\_  
City, State and Zip Code

Lynda.Watkins@Stiles.com

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

For further information concerning this matter, please call:

Lynda Watkins

\_\_\_\_\_  
Name of Contact Person

at ( 954 )

\_\_\_\_\_  
Area Code

627-9350

\_\_\_\_\_  
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  
TALLAHASSEE, FLORIDA

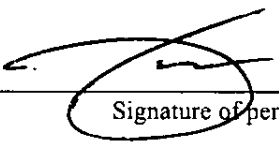
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**STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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: Mint Hill Partners, LLC
2. The document number of the company is L13000112089
3. The effective date the Dissolution was filed is January 09, 2017
4. The revocation of dissolution was authorized on January 09, 2017
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)**

**FILED**  
2017 FEB 13 P 4: 06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**  
**Jan 09, 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:

**MINT HILL PARTNERS, LLC**

The document number of the limited liability company: **L13000112089**

The file date of the articles of organization: **August 8, 2013**

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

**ALL ASSETS SOLD AND DISTRIBUTED**

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

**TERRY W. STILES**  
**301 E LAS OLAS BLVD**  
**FT. LAUDERDALE, FL 33301**

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: **TERRY W. STILES**

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Electronic Signature of authorized person