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(Re	equestor's Name)				
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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	.CT. BELLEZA LLC					
SOBJE	Name of Limited Liability Con	ipany	_			
	closed Statement of Revocation of Dissolution for Florida Limit ed for filing.	ed Liability Company and	fee(s)) are		
Please	return all correspondence concerning this matter to:					
Neale	e J. Poller	_				
	Contact Person	-				
The l	aw Offices of Neale J Poller					
	Firm/Company	-				
2 So	uth University Dr. Suite 325			wint.		
	Address	-	15	200	4	
For	t Lauderdale, FL 33324		·	AHA AHA	913	e pacera.
	City, State and Zip Code	-		55E 78E	26	["
•	er@pollerlaw.com			13.43 14.43 14.43	70	A second
E-1	mail address: (to be used for future annual report notification)	-		924	1: 06	4,00
For fur	ther information concerning this matter, please call:			<u>Dri</u>	6	
Neal	e J Poller at (954	357-3280				
	Name of Contact Person Area Code	Daytime Telephone N	lumbe	er		

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.	Belleza LLC The name of the company is:	 		
2.	The document number of the company is			
3.	The effective date the Dissolution was filed is	ፕ		28
4.	The revocation of dissolution was authorized on	** {	CAHASS	14 MJG 26
5.	A copy of the Articles of Dissolution is attached.		Y OF ST	7K -:
	Jacob Da		210F	
	Signature of person authorized to submit the revocation of dissolution NICALE J. POLLER ESO. ATTORNEY EOR BILLS	:2A	Lec	<u>.</u>

Filing Fee:

\$100.00

Certified Copy: \$30.00 (optional)