

L13000132145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

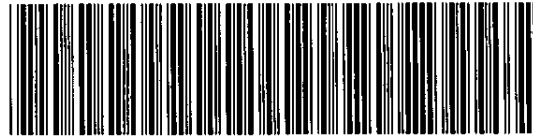
(Business Entity Name)

(Document Number)

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JUN 30 2015

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** XELA ENTERPRISES 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:

ALEX LECOUNT

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

XELA ENTERPRISES LLC

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

1200 NE MIAMI GARDENS DR #216

\_\_\_\_\_  
Address

MIAMI FL 33179

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

AFLECOUNT@YAHOO.COM

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

For further information concerning this matter, please call:

ALEX LECOUNT

at ( 786 ) 229-8140

\_\_\_\_\_  
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

CR2E132 (4/15)

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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.

- XELA ENTERPRISES LLC
1. The name of the company is: \_\_\_\_\_
- L13000132145
2. The document number of the company is \_\_\_\_\_
- APRIL 28, 2015
3. The effective date the Dissolution was filed is \_\_\_\_\_  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
- APRIL 28, 2015
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)**

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