

L13000167578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2017 APR -7 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
APR 10 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Phebian Assisted Living Facility  
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:

Francis Eniayedun  
Contact Person

Phebian Assisted Living Facility  
Firm/Company

5019 Cassatt Avenue  
Address

Orlando, Florida 32808  
City, State and Zip Code

Olefrancis31@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francis Eniayedun at 401, 580-8365  
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

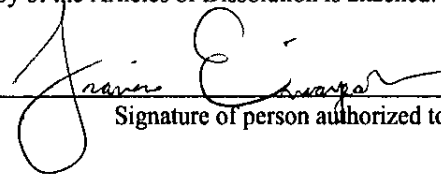
**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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

**FILED**  
2017 APR -7 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Phebian Assisted Living Facility
2. The document number of the company is L13000167578
3. The effective date the Dissolution was filed is 03/24/2017
4. The revocation of dissolution was authorized on 03/27/2017
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)**