

L13000177354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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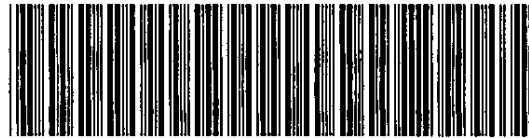
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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FEB 07 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Omega Collection Agency 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:

Andy Soler
Contact Person

Firm/Company

8809 West Hamilton Ave.
Address

Tampa, FL 33615
City, State and Zip Code

Andryc.soler@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andy Soler at (813) 481-3415
Name of Contact Person Area Code Daytime Telephone Number

STREET ADDRESS:

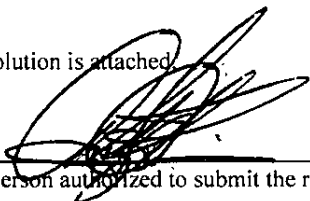
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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: Omega Collection Agency LLC
2. The document number of the company is L13000177354
3. The effective date the Dissolution was filed is 1/12/2017
4. The revocation of dissolution was authorized on 2/3/2017
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)

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