L14000006689

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COVER LETTER

	egistration Section ivision of Corporations					
SUBJECT	:Scialla	Interno	tional	Prope	cties	Ш
The enclose submitted for	ed Statement of Revocation filing.			-	iny and fee(s	s) are
Please retur	n all correspondence conc	erning this matter to	ı			
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	une of Contact Person	at	(706) Area Code	329 Daytime Telep	055 hone Numb	S er
Re Di	REET ADDRESS: egistration Section vision of Corporations ifton Building		F L	MAILING ADDI Registration Section Division of Corport P. O. Box 6327	on	

CR2E132 (10/15)

2661 Executive Center Circle Tallahassee, Florida 32301

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.

Filing Fee:

1.	The name of the company is: Sciala International Properties LC
2.	The document number of the company is
3.	The effective date the Dissolution was filed is Nov 21, 2015
	The revocation of dissolution was authorized on Dec 7, 2015
5.	A copy of the Articles of Dissolution is attached.
	Signature of person authorized to submit the revocation of dissolution

\$100.00

Certified Copy: \$30.00 (optional)

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FILED Nov 21, 2015 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:

SCIALLA INTERNATIONAL PROPERTIES LLC

The document number of the limited liability company: L14000006689

The file date of the articles of organization: January 13, 2014

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

LLC IS NO LONGER ACTIVE OR CONDUCTING BUSINESS.

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: MIGUEL CASTRO

Electronic Signature of authorized person

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