LHWWW87

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



100291356871

10/31/16--01039--013 **100.00

NOV 01 2016 S. YOUNG SEURENARY OF STATE.

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: THE WORK STUDIES TNSTITUTE, 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:					
BARBARA ELLIS. Contact Person					
THE WOLK STUDIES INSTITUTE, LLC Firm/Company					
415 RICHARD JACKSON BLUD, SUITE 2017					
PANAMA City Beach, FL 32407 55 055 City, State and Zip Code 53					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
RARBARA ELLIS at (\$50) 588-1477 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: THE WORK STUDIES INSTITUTE	=, ८८	2
2.	The document number of the company is 2 14 0000 160 8	<u> </u>	
3.	The effective date the Dissolution was filed is / JULY 2016	<u>5</u>	SEES
4.	The revocation of dissolution was authorized on	20/	THE PERSON
5. _1	A copy of the Articles of Dissolution is attached. Line Worock Long Worock	5:03	POHIE!
フ	Signature of person authorized to submit the revocation of dissolution Lu Bo my L wordt BARBANK ELL'S		

Filing Fee:

\$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

FILED Jul 22, 2016 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:

THE WORK STUDIES INSTITUTE, LLC

The document number of the limited liability company: L14000016087

The file date of the articles of organization: January 6, 2014

The effective date of the dissolution if not effective on the date of filing: July 23, 2016

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

ONE MEMBER RESIGNED AND IS NOW IN A STATE OF DISSOLUTION AND NO LONGER EXISTS.

The name and address of the person appointed to wind up the company's activities and affairs:

LUBOMY WOROCH THE WORK STUDIES INSTITUTE, 415 N. RICHARD JACKSON BLVD # 204 PANAMA CITY BEACH, 32407

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: LUBOMYR WOROCH

Electronic Signature of authorized person

PM 5: U.3