

L14000018228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

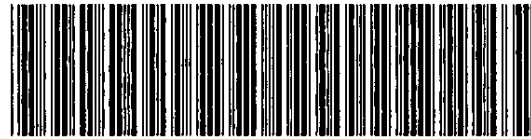
(Business Entity Name)

(Document Number)

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17 MAR 30 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

MAR 31 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SKORNFELD MANAGER, 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:

STEPHEN KORNFELD

Contact Person

Firm/Company

719 N. OCEAN BLVD.

Address

DELRAY BEACH, FLORIDA 33483

City, State and Zip Code

SKAQUARIUS@AOL.COM

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

For further information concerning this matter, please call:

STEPHEN KORNFELD

Name of Contact Person

at ( 561 )

Area Code

HOME

278-2418 OR (914) 330-7480

Daytime Telephone Number

CELL

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

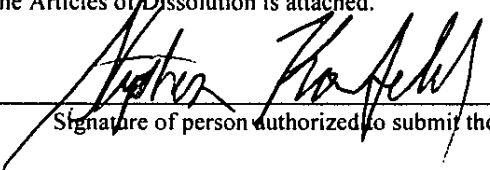
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: SKORNFELD MANAGER LLC
2. The document number of the company is L 14000018228
3. The effective date the Dissolution was filed is 03/24/17
4. The revocation of dissolution was authorized on 03/27/17
5. A copy of the Articles of Dissolution is attached.

  
Signature of person authorized to submit the revocation of dissolution

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TALLAHASSEE, FLORIDA

**Filing Fee: \$100.00**  
**Certified Copy: \$30.00 (optional)**

**FILED**  
**Mar 24, 2017**  
**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:  
**SKORNFELD MANAGER, LLC**

The document number of the limited liability company: L14000018228

The file date of the articles of organization: February 3, 2014

The effective date of the dissolution if not effective on the date of filing: March 24, 2017

A description of occurrence that resulted in the limited liability company's dissolution:  
THE COMPANY CEASED DOING BUSINESS.

The name and address of the person appointed to wind up the company's activities and affairs:  
**STEPHEN KORNFELD**  
**719 N.OCEAN BLVD.**  
**DELRAY BEACH, FL 33483**

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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: **STEPHEN KORNFELD**

\_\_\_\_\_  
Electronic Signature of authorized person