L14000037046

(Requestor's Name)

(Address)

(Address)

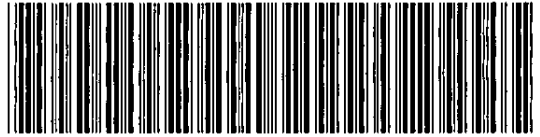(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _ArtREAl Capital 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:

OLEG Bourlatski
Contact Person

_____
Firm/Company

17555 COLLINS AVE. # 2603
Address

Sunny ISLES, FL 33160
City, State and Zip Code

LGJFLORIDA @ YAHOO. COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLEG Bourlatski at (_305_) _776-6655_
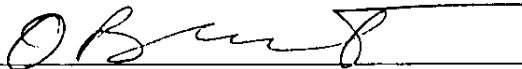Name of Contact Person   Area Code   Daytime Telephone Number

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

CR2E132 (2/14)

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: _Artreal Capital LLC_

2. The document number of the company is _L140000 33 046_

3. The effective date the Dissolution was filed is _12/24/14_

4. The revocation of dissolution was authorized on _12/24/14_

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)

CR2E132 (2/14)