

U4000087113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

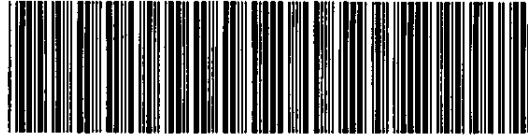
(Business Entity Name)

(Document Number)

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MAR 17 2015  
C. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Luis O Rivera Advisory 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:

Luis O Rivera

Contact Person

Luis O Rivera Advisory LLC

Firm/Company

320 Davie Blvd.

Address

Fort Lauderdale, FL 33315

City, State and Zip Code

luis@themrwgroup.com

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

For further information concerning this matter, please call:

Luis O Rivera

at ( 954 )

675-9558

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:**

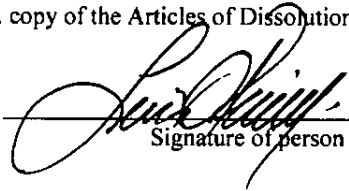
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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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: Luis O Rivera Advisory LLC
2. The document number of the company is L14000087113
3. The effective date the Dissolution was filed is February 1, 2015
4. The revocation of dissolution was authorized on February 27, 2015
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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**COPY**

*State of Florida*  
*Department of State*

I certify from the records of this office that LUIS O RIVERA ADVISORY LLC was a limited liability company organized under the laws of the State of Florida, filed on May 30, 2014, effective May 30, 2014.

The document number of this limited liability company is L14000087113.

I further certify that said limited liability company was voluntarily dissolved on January 12, 2015, effective February 1, 2015.

*Given under my hand and the Great Seal of  
Florida, at Tallahassee, the Capital, this the  
Thirteenth day of January, 2015*

*Ken Detzner*

*Secretary of State*



Authentication ID: 000268262220-011315-L14000087113

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DQCUMENT# L14000087113

**Entity Name:** LUIS O RIVERA ADVISORY LLC

**Current Principal Place of Business:**

320 DAVIE BLVD  
FORT LAUDERDALE, FL 33315

**Current Mailing Address:**

320 DAVIE BLVD  
FORT LAUDERDALE, FL 33315

**FEI Number:** 47-0986520

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RIVERA, LUIS O  
320 DAVIE BLVD  
FORT LAUDERDALE, FL 33315 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name RIVERA, LUIS O  
Address 320 DAVIE BLVD  
City-State-Zip: FORT LAUDERDALE FL 33315

**COPY**

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** LUIS O RIVERA

MGR

01/12/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date