

L14000092958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

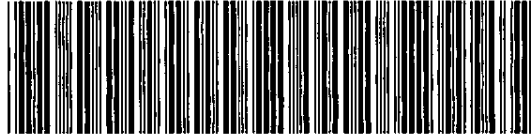
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 16 2015  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 JUL 16 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 24, 2015

BAKKIE RESTAURANT GROUP LLC  
DAVID JACOBSON  
424 92ND ST.  
SURFSIDE, FL 33154

SUBJECT: BAKKIE RESTAURANT GROUP LLC  
Ref. Number: L14000092958

We have received your document for BAKKIE RESTAURANT GROUP LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed annual report or reinstatement application and fee(s) must be submitted before the Revocation of Articles of Dissolution can be processed. Please complete and return the enclosed annual report or reinstatement application and the appropriate fee(s) to the PERSONAL AND CONFIDENTIAL ATTENTION of the undersigned.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 215A00013319

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bakkie Restaurant Group 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:

David Jacobson

Contact Person

Bakkie Restaurant Group

Firm/Company

424 92nd Street

Address

Surfside, FL 33154

City, State and Zip Code

davejakey@bellsouth.net

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

For further information concerning this matter, please call:

David Jacobson

Name of Contact Person

at ( 786 )

Area Code

436-069

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

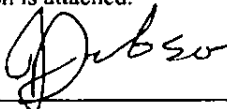
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**STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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: Bakkie Restaurant Group LLC
2. The document number of the company is L14000092958
3. The effective date the Dissolution was filed is 4/20/2015  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
4. The revocation of dissolution was authorized on David Jacobson
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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2015 JUL 15 P 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **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:

**BAKKIE RESTAURANT GROUP LLC**

The document number of the limited liability company: L14000092958

The file date of the articles of organization: June 10, 2014

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

I WAS NOT ABLE TO SECURE THE FUNDING TO START THE BUSINESS

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

**DAVID JACOBSON**  
**424 92ND STREET**  
**SURFSIDE, FL 33154**

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: **DAVID JACOBSON**

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Electronic Signature of authorized person