

Florida Department of State
Division of Corporations
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Division of Corporations
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From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,
Account Number : 076424003301
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19-2856/DRB

P.A.

**LLC REVOCATION OF DISSOLUTION
LIFE O'REILLY MHP, L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FEB 07 2020

**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: Life O'Reilly MHP, L.L.C.
2. The document number of the company is L14000096373
3. The effective date the Dissolution was filed is February 1, 2020
4. The revocation of dissolution was authorized on February 4, 2020
5. A copy of the Articles of Dissolution is attached.

Henry M. Williams
Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
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TALLAHASSEE, FLORIDA

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Jan 29, 2020
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:

LIFE O'REILLY MHP, L.L.C.

The document number of the limited liability company: L14000096373

The file date of the articles of organization: June 16, 2014

The effective date of the dissolution if not effective on the date of filing: February 1, 2020

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

THIS BUSINESS HAS BEEN SHUT DOWN.

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

HANK WILLIAMS
4915 W. CYPRESS STREET SUITE 100
TAMPA, FL 33607 US

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: HANK WILLIAMS

Electronic Signature of authorized person