

L14000097210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UNIQUE CUSTOM REMODELING 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:

Peter D. Forgo

Contact Person

Unique Custom Remodeling LLC

Firm/Company

2424 Peterson Rd

Address

LAKELAND, FL 33812

City, State and Zip Code

4goopeter@gmail.com

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

For further information concerning this matter, please call:

Peter D. Forgo

Name of Contact Person

at (813)

Area Code

613-2505

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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**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: UNIQUE CUSTOM REMODELING LLC
2. The document number of the company is L14 0000 97210
3. The effective date the Dissolution was filed is 4/24/2018
4. The revocation of dissolution was authorized on 4/24/2018
5. A copy of the Articles of Dissolution is attached.

Peter D. [Signature]

Signature of person authorized to submit the revocation of dissolution

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

**FILED**  
**18 JUL -5 PM 3:28**  
**SECRETARY OF STATE**  
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