

L14000097495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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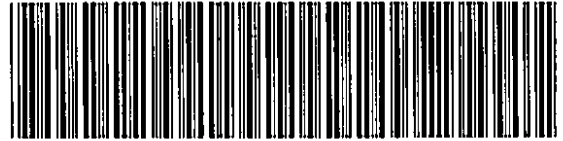
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

D BRUCE
AUG 04 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SON Counseling, 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:

Michael E. Steuer

Contact Person

Michael E. Steuer, CPA, P.A.

Firm/Company

1000 S. Beicher Rd. Suite 7

Address

Largo, FL 33771

City, State and Zip Code

myinfo@mikethecpa.com

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

For further information concerning this matter, please call:

Michael E. Steuer

at (727)

797-9000

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: SON Counseling, LLC
2. The document number of the company is L14000097495
3. The effective date the Dissolution was filed is 05/04/2018
4. The revocation of dissolution was authorized on 07/25/2018
5. A copy of the Articles of Dissolution is attached.

Michael Jones

Signature of person authorized to submit the revocation of dissolution

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

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TALLAHASSEE FLORIDA

FILING FEE: \$25.00