

**L14000097975**

Florida Department of State

Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : I20040000031  
Phone : (800) 906-9220  
Fax Number : (800) 906-9880

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**LLC REVOCATION OF DISSOLUTION  
LYNX AT SEAVIEW LLC**

Certificate of Status	1
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Page Count	01
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MAR 04 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LYNX AT SEAVIEW 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:

SAL ABECASIS

Contact Person

ALLSTATE CORPORATE SERVICES CORP.

Firm/Company

2215 HENDRICKSON STREET, SUITE 1

Address

BROOKLYN, NY 11234

City, State and Zip Code

FILING@ACS123.COM

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

For further information concerning this matter, please call:

NAOMI OSTOPOWITZ

at ( 800 )

906-9220

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
Nov 25, 2019  
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:

LYNX AT SEAVIEW LLC

The document number of the limited liability company: L14000097975

The file date of the articles of organization: June 18, 2014

The effective date of the dissolution if not effective on the date of filing: November 25, 2019

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

NO LONGER NEEDED

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.

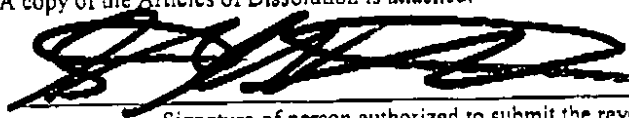
Signature: MICHAEL MCCARTY

\_\_\_\_\_  
Electronic Signature of authorized person

**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: LYNX AT SEAVIEW LLC
2. The document number of the company is L14000097975
3. The effective date the Dissolution was filed is 11/25/2019
4. The revocation of dissolution was authorized on 03/03/2020
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)