## LI4000109261

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| Special instructions to 1 ling Officer. |
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|   |

Office Use Only



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## COVER LETTER

| TO:     |   | on Section<br>f Corporations       |                   |   |      |
|---------|---|------------------------------------|-------------------|---|------|
| SUBJI   | FCT:  | Transtech Auto & Transmis          | sion Service, L   | rc .  |      |
| .,020   |   | mpany                              |                   |   |      |
| The en  | closed States<br>ted for filing                         | nent of Revocation of Dissolution  | for Florida Lim   | ited Liability Company and fee(s) ar  | c    |
| Please  | return all co   | rrespondence concerning this matt  | er to:            |   |      |
| Lizette | e M brink   |                                    |                   |   |      |
|         |   | Contact Person                     |                   | _   |      |
| Busine  | ess & Tax S   | ervices by Lizette, Inc            |                   | 9   |      |
|         |   | Firm/Company                       |                   | —   | :    |
| 6845    | S Fork Rane   | ch Dr                              |                   | :   |      |
| -       |   | Address                            |                   | <del></del>   | لد   |
| Clerm   | ont, FL 347   | 14-8420                            |                   |   | ز_ ز |
|         |   | City, State and Zip Code           |                   | _   | 13   |
| liz874  | 7@centuryl  | nk.net                             |                   |   |      |
| E-1     | mail address:   | (to be used for future annual repo | ort notification) | _   |      |
| For fur | ther informat   | ion concerning this matter, please | call:             |   |      |
| Rafael  | I A. Caldero  | n                                  | 352               | 241-6341  |      |
|         | Name of C   | ontact Person                      | Area Code         | Daytime Telephone Number  | _    |
|         | Registratio<br>Division of<br>Clifton But<br>2661 Exect | Corporations                       |                   | MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P. O. Box 6327<br>Tallahassee, FL 32314 |      |

## 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. | Transtech Auto & Transmission, LLC The name of the company is:         | <br>  |
|----|--|-------|
| 2. | The document number of the company is                                  | <br>  |
| 3. | The effective date the Dissolution was filed is                        |       |
| 4. | July 9, 2019  The revocation of dissolution was authorized on          | <br>  |
| 5. | A copy of the Apticles of Dissolution is attached.                     |       |
|    | Signature of person authorized to submit the revocation of dissolution | <br>  |
| •  | organical of person authorized to submit the revocation of dissolution | <br>J |

\$100.00

Certified Copy: \$30.00 (optional)

Filing Fee:

## State of Florida Department of State

I certify from the records of this office that TRANSTECH AUTO & TRANSMISSION SERVICE, LLC was a limited liability company organized under the laws of the State of Florida, filed on July 10, 2014, effective July 7, 2014.

The document number of this limited liability company is L14000109261.

I further certify that said limited liability company was voluntarily dissolved on June 21, 2018, effective June 21, 2018.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Twenty Third day of June, 2018

Secretary of State



Authentication ID: 400315018814-062318-L14000109261

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

https://efile.sunbiz.org/certauthver.html