

L14000118111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

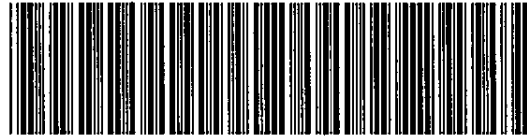
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700265143267

10/13/14--01007--003 **100.00

FILED
14 OCT 13 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers OCT 15 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALAZZO SUITES, 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:

MITSOUKA SEMEXANT

Contact Person

PALAZZO SUITES LLC

Firm/Company

8444 NW 34TH MANOR

Address

SUNRISE FL 33351

City, State and Zip Code

mitsouka@palazzosuites.com

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

For further information concerning this matter, please call:

BIEL SEMEXANT JR

Name of Contact Person

at (

954

Area Code

213-5709

Daytime Telephone Number

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

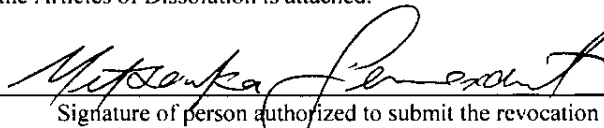
MAILING ADDRESS:

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

**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: PALAZZO SUITES, LLC
2. The document number of the company is L14000118111
3. The effective date the Dissolution was filed is 08/15/2014
4. The revocation of dissolution was authorized on 10/10/2014
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)

CR2E132 (2/14)

FILED
14 OCT 13 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
Aug 15, 2014
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:

PALAZZO SUITES LLC

The document number of the limited liability company: L14000118111

The file date of the articles of organization: July 28, 2014

The effective date of the dissolution if not effective on the date of filing: August 15, 2014

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

MANAGEMENT DISPUTE

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

ADAM M. COHEN, ESQ.
1161 S ROGERS CIRCLE
BOCA RATON, FL 33487

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: **MITSOUKA SEMEXANT**

Electronic Signature of authorized person