

214 000 175738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

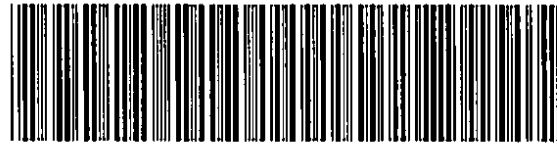
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PATRICIA PROECHEL FAMILY, 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:

PATRICIA L. PROECHEL
Contact Person

Firm/Company

1216 S. PENNSYLVANIA AVENUE
Address

WINTER PARK, FL 32879
City, State and Zip Code

pattyp680@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA L. PROECHEL at (407) 716-6076
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

**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.

- PATRICIA PROECHEL FAMILY, LLC
1. The name of the company is: _____
 2. The document number of the company is L14000175738 _____
 3. The effective date the Dissolution was filed is November 25, 2017 _____
 4. The revocation of dissolution was authorized on December 6, 2017 _____
 5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

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17 DEC 14 PM 00:49
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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