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COVER LETTER

TO:	Registration Section Division of Corporations		
	YtramaTach U.C		
SUBJI	ECT:	ited Liability Cor	nnanv
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	aclosed Statement of Revocation of Dissolution tted for filing.	for Florida Limit	ed Liability Company and fee(s) are
Please	return all correspondence concerning this matter	er to:	
Matth	ew R Conder		
	Contact Person		_
	Firm/Company		_
РО Во	ox 830241		_
	Address		
Ocala.	, FL 34483		
	City, State and Zip Code		-
matt@	goxtech.net		
E-	mail address: (to be used for future annual repo	rt notification)	-
For fur	rther information concerning this matter, please	call:	
Matth	ew R Conder	at (352	867-8324
	Name of Contact Person	Area Code	Daytime Telephone Number
	STREET ADDRESS: Registration Section Division of Corporations Clifton Building		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301		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:
2.	The document number of the company is
3.	February 2, 2016 The effective date the Dissolution was filed is
4.	The revocation of dissolution was authorized on
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)

FILED Feb 02, 2016 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:

XTREMETECH LLC

The document number of the limited liability company: L15000017144

The file date of the articles of organization: January 29, 2015

The effective date of the dissolution if not effective on the date of filing: February 2, 2016

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

THE COMPANY HAS MOVED TO THE STATE OF INDIANA AND IS NO LONGER DOING BUSINESS IN THE STATE OF FLORIDA. THE COMPANY STOPPED DOING BUSINESS IN THE STATE OF FLORIDA AS OF 12/31/2015.

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

MATTHEW CONDER PO BOX 526 ELLETTSVILLE, IN 47429

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: MATTHEW R CONDER

Electronic Signature of authorized person