

L150000033027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

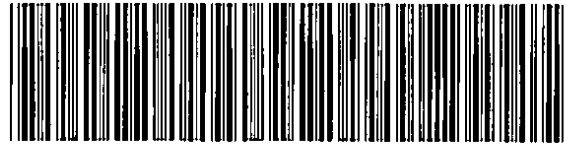
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NYC FADE ~~STY~~ STYLING
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:

Michael Keys
Contact Person

NYC FADE STYLING LLC
Firm/Company

7709 W. HILLSBOROUGH
Address

Tampa, FL 33605
City, State and Zip Code

MICHAEL.RAY.KEYS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Keys at (713) 865-6988
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:

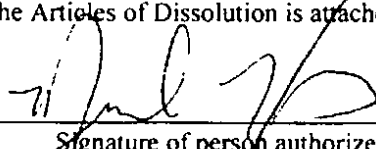
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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**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: NYC FADE STYLING
2. The document number of the company is L15000033027
3. The effective date the Dissolution was filed is 5/28/19
4. The revocation of dissolution was authorized on 5/29/19
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

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CLERK OF COURT
JANUARY 3, 2019

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