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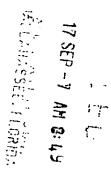
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то:	Registration Section Division of Corporations		
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SUBJI		_	
	Name of Lim	ited Liability Co	mpany
	sclosed Statement of Revocation of Dissolution ted for filing.	for Florida Limi	ited Liability Company and fee(s) are
Please	return all correspondence concerning this matte	er to:	
JASO	ON B. GILLER		
	Contact Person		_
JASO	N B. GILLER, P.A.		
	Firm/Company		_
701 B	RICKELL AVENUE, SUITE 2000		
_	Address		_
MIAN	11, FLORIDA 33131		
	City, State and Zip Code		
JASO	N@GILLERPA.COM		
E-	mail address: (to be used for future annual repo	rt notification)	-
For fur	ther information concerning this matter, please	call:	
JASO	N B. GILLER	305	999 1906
	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.

1.	The name of the company is:
2.	The document number of the company is
3.	08/05/2017 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. A. Queeting S. F. S.
	Signature of person authorized to submit the revocation of dissolution
	Filing Fee: \$100.00 Certified Copy: \$30.00 (optional)



Dissolution Online Filing

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Florida Department of State, Division of Corporations

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