

4500054769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LIGHT POINT ONE 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:

**Daniel Menescal**

Contact Person

**LIGHT POINT ONE LLC**

Firm/Company

**11496 NW 81 ST PL**

Address

**PARKLAND, FL, 33076**

City, State and Zip Code

**felipe@novicorporation.com**

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

For further information concerning this matter, please call:

**Daniel Menescal**

at ( **954** )

**860-2413**

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:**

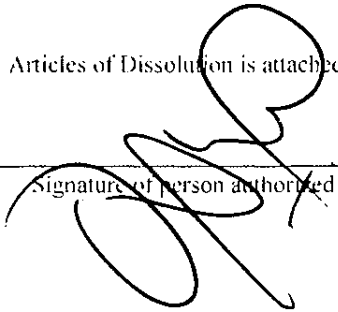
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA  
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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: LIGHT POINT ONE LLC
2. The document number of the company is L15000054769
3. The effective date the Dissolution was filed is 04/26/2017
4. The revocation of dissolution was authorized on 05/10/2017
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)

14-ED-1015  
SECRETARY OF STATE  
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