

L15000059084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

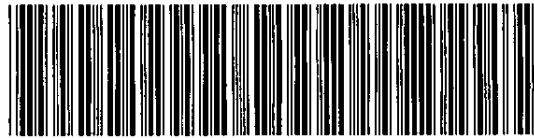
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMP Collective 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: _____

Alex Martinez

Contact Person

DeepSleep Studio

Firm/Company

40 SW 13 Street - PH 4

Address

Miami, FL 33130

City, State and Zip Code

info@deepsleepstudio.com

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

For further information concerning this matter, please call:

Miguel Cardoso

at (786) 3574421

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

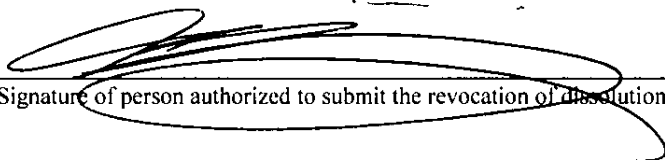
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**STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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: AMP Collective LLC
2. The document number of the company is L15000059084
3. The effective date the Dissolution was filed is 06/30/2016
4. The revocation of dissolution was authorized on 07/21/2016
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
16 JUL 25 PM 4:20
TALLAHASSEE, FLORIDA