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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO:	Registration Section Division of Corporations		
SURIE	ECT: M & L Party Planning LLC		
SCIMI		Limited Liability Con	mpany
	closed Statement of Revocation of Dissoluted for filing.	tion for Florida Limit	ted Liability Company and fee(s) are
Please	return all correspondence concerning this i	matter to:	
Misty	Oliver		
	Contact Person		_
M & L	Party Planning LLC		
	Firm/Company		_
Po Box	x 290433		
	Address		_
Davie,	FL 33329		
	City, State and Zip Code		_
-	oliver31@gmail.com		
E-1	mail address: (to be used for future annual	report notification)	_
	ther information concerning this matter, pl	ease call:	
Misty		at (856-9827
	Name of Contact Person	Area Code	Daytime Telephone Number
	STREET ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section	
Division of Corporations Clifton Building		Division of Corporations P. O. Box 6327	
	2661 Executive Center Circle		Tallahassee, FL 32314
	Tallahassee, Florida 32301		

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.	M & L Party Planning LLC The name of the company is:
2.	The document number of the company is
3.	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)