

15000089764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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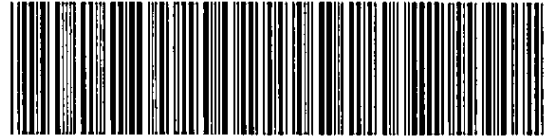
(Business Entity Name)

(Document Number)

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JUL 10 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARBAJE CIGARS 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:

ARTURO ARBAJE  
Contact Person

ARBAJE CIGARS LLC  
Firm/Company

3625 32<sup>nd</sup> ST  
Address

ASTORIA, NY, 11106  
City, State and Zip Code

ARBAJE240@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW WATSON at ( 786 ) 906-5132  
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: ARBAD E CIGARS LLC
2. The document number of the company is L15000089764
3. The effective date the Dissolution was filed is APRIL 14, 2018
4. The revocation of dissolution was authorized on 06/26/2018
5. A copy of the Articles of Dissolution is attached.

*Centuro Carbajal Garip*

Signature of person authorized to submit the revocation of dissolution

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA