L15000 128182

	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP		MAIL
(Bu	usiness Entity Nam	ne)
(Dc	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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05/09/17--01004--017 **130.00



J.S.

COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: ____ ON THE BEACH L & D 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

ON THE BEACH L & D 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

Name of Contact Person

at (<u>954</u> Area Code Daytime Telephone Number

860-2413

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

CR2E132 (10/15)

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.	ON THE BEACH L & D LLC The name of the company is:
2.	L15000128182 The document number of the company is
3.	04/27/2017 The effective date the Dissolution was filed is
4.	05/01/2017 The revocation of dissolution was authorized on
5.	A copy of the Articles of Dissolution is attached.
	Filing Fee: \$100.00 Certified Copy: \$30.00 (optional)

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CR2E132 (10/15)

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