

HI500020761

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

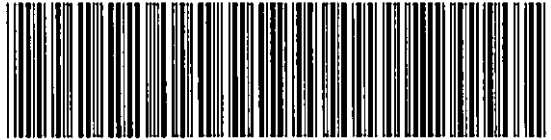
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800320748198

11/16/18--01015--003 \*\*100.00

2018 NOV 16 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

JLS  
11-30-18

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alicante 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:

Stephen LoGiudice  
\_\_\_\_\_  
Contact Person

Alicante LLC  
\_\_\_\_\_  
Firm/Company

302 Alicante Dr  
\_\_\_\_\_  
Address

Juno Beach, FL 33408  
\_\_\_\_\_  
City, State and Zip Code

slogiudice@clubatibis.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen LoGiudice at ( 561 ) 662-5720  
\_\_\_\_\_  
Name of Contact Person Area Code Daytime Telephone Number

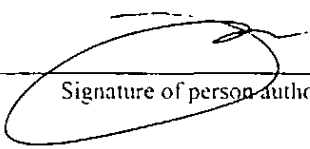
**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**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: Alicante LLC
  
2. The document number of the company is L15000201761
  
3. The effective date the Dissolution was filed is 10/30/18
  
4. The revocation of dissolution was authorized on 11/01/18
  
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)

CR2E132 (10/15)

2018 NOV 16 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

FILED  
Oct 30, 2018  
Secretary of State

## ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

ALICANTE LLC

The document number of the limited liability company: L15000201761

The file date of the articles of organization: December 7, 2015

The effective date of the dissolution if not effective on the date of filing: November 1, 2018

A description of occurrence that resulted in the limited liability company's dissolution:

NO LONGER IN BUSINESS

The name and address of the person appointed to wind up the company's activities and affairs:

STEPHEN LOGIUDICE  
302 ALICANTE DR  
JUNO BEACH, FL 33408 UN

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: STEPHEN LOGIUDICE

Electronic Signature of authorized person

# *State of Florida*

## *Department of State*

I certify from the records of this office that ALICANTE LLC was a limited liability company organized under the laws of the State of Florida, filed on December 7, 2015.

The document number of this limited liability company is L15000201761.

I further certify that said limited liability company was voluntarily dissolved on October 30, 2018, effective November 1, 2018.

*Given under my hand and the Great Seal of  
Florida, at Tallahassee, the Capital, this the  
Thirty First day of October, 2018*

*Ken DeJoy*

*Secretary of State*



Authentication ID: 400320398814-103118-L15000201761

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>