

L160000000760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

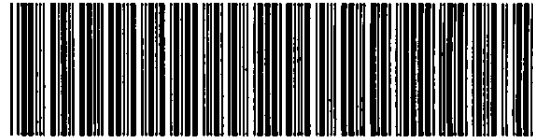
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/23/17--01021--005 **35.00

02/10/17--01029--001 **65.00

FILED
SECRETARY OF STATE
DIV OF CORPORATIONS
17 FEB -8 PM 3:45

FEB 10 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kaveli Press, 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:

Alexaray Taylor
Contact Person

Kaveli Press, LLC
Firm/Company

2749 Misty Oaks Cir.
Address

BPB, FL 33411
City, State and Zip Code

lex4act@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexaray Taylor at (858) 790-8959
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2017

ALEXARAY TAYLOR
2749 MISTY OAKS CIRCLE
ROYAL PALM BEACH, FL 33411

SUBJECT: KAVELI PRESS, LLC
Ref. Number: L16000000760

RECEIVED
2017 FEB -8 PM 3:12
TALLAHASSEE, FLORIDA

We have received your document for KAVELI PRESS, LLC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$65.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

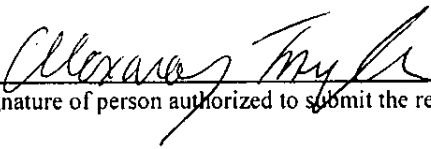
Letter Number: 117A00001597

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 FEB -8 PM 3:45

**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: Kaveli Press, LLC
2. The document number of the company is L 16 000000760
3. The effective date the Dissolution was filed is 12/20/16
4. The revocation of dissolution was authorized on 1/31/17
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)

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SECRETARY OF STATE
17 FEB - 8 PM 3:45

FILED
Dec 20, 2016
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:

KAVELI PRESS, LLC

The document number of the limited liability company: L16000000760

The file date of the articles of organization: December 30, 2015

The effective date of the dissolution if not effective on the date of filing: December 20, 2016

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

LLC NOT USED TO OPERATE BUSINESS; THEREFORE, IT IS NO LONGER NEEDED.

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

ALEXARAY TAYLOR
2749 MISTY OAKS CIRCLE
WPB, FL 33411

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: ALEXARAY TAYLOR

Electronic Signature of authorized person

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