LICOCOCITUES

	(Req	uestor's Name)		
	(Add	ress)		
	(Add	ress)		
	(City	/State/Zip/Phone	: #)	
PIC	K-UP	☐ WAIT	MAIL.	
(Business Entity Name)				
(Document Number)				
Certified Copies		Certificates	of Status	
Special Instructions to Filing Officer:				
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K. SALY MAY -3 2017

COVER LETTER

TO:	Registration Section Division of Corporations		
CUDI	SERGEANT MOTOR VEHICLES	LLC	
SUBJ		Limited Liability Cor	npany
	nclosed Statement of Revocation of Dissolut tted for filing.	ion for Florida Limit	ted Liability Company and fee(s) are
Please	return all correspondence concerning this n	natter to:	
EDUA	ARDO ESPINOZA		
	Contact Person		_
NA			
	Firm/Company		_
РО В	OX 562154		
	Address		_
MIAN	ИI, FL 33256		·
	City, State and Zip Code		_
SERG	EANTMOTORS@YAHOO.COM		
E-	mail address: (to be used for future annual r	eport notification)	_
For fu	rther information concerning this matter, ple	ease call:	
EDUA	ARDO ESPINOZA	786	525-3559
	Name of Contact Person	Area Code	Daytime Telephone Number
	STREET ADDRESS: Registration Section		MAILING ADDRESS: Registration Section
	Division of Corporations		Division of Corporations
	Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314
	Tallahassee, Florida 32301		

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.	SERGEANT MOTOR VEHICLES, 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 Jerson authorized to submit the revocation of dissolution

Filing Fee:

\$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

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