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(I	Requestor's Name)
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SEURETARY OF STATE
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COVER LETTER

то:	Registration Section Division of Corporations		
	•		
SUBJI	ECT: RED BUFFALO ALF LLC		
	Name of Lim	ited Liability Cor	mpany
	closed Statement of Revocation of Dissolution ted for filing.	for Florida Limit	ted Liability Company and fee(s) are
Please	return all correspondence concerning this matte	er to:	
JAM	ES M. ROSEMURGY		
	Contact Person		_
RED E	BUFFALO ALF LLC		
	Firm/Company		_
1600 F	ROYA PALM WAY		
	Address		_
BOCA	A RATON, FL 33432		
	City, State and Zip Code		_
	reek@aol.com		
E-1	mail address: (to be used for future annual repo	rt notification)	_
For fur	ther information concerning this matter, please	call:	
JAM!	ES M. ROSEMURGY	954	803-5897
	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.	RED BUFFALO ALF 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 Africaes of Dissolution is attached.
	Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$

\$100.00

Certified Copy: \$30.00 (optional)