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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Heks Services LLC		
Name of Lim	ited Liability Con	npany
The enclosed Statement of Revocation of Dissolution submitted for filing.	for Florida Limit	ed Liability Company and fee(s) are
Please return all correspondence concerning this matte	er to:	
Hector Pacheco		
Contact Person		-
Heks Services LLC		
Firm/Company		-
8131 vineland ave		
Address		-
orlando fl 32821		_
City, State and Zip Code		
hekiiii1@icloud.com		_
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, please	call:	
Hector Pacheco	407 at (361-6944
Name of Contact Person	Area Code	Daytime Telephone Number
STREET ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P. O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, FL 32314
varianassee, morida 34301		

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.

۱.	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.	Signature of person authorized to submit the revocation of dissolution	FI
	Filing Fee: \$100.00 Certified Copy: \$30.00 (optional)	