

L16 000 101537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

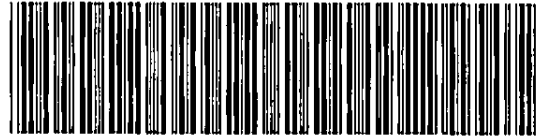
(Business Entity Name)

(Document Number)

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

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US/08/19--01017--009 \*\*100.00

MAY 17 2019  
S. YOUNG

FILED  
MAY -8 2019  
6:52

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Morehad, 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:

Alyssa Chambless  
\_\_\_\_\_  
Contact Person

Center Line Associates, LLC  
\_\_\_\_\_  
Firm/Company

418 Racetrack Road NE  
\_\_\_\_\_  
Address

Fort Walton Beach, FL 32547  
\_\_\_\_\_  
City, State and Zip Code

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

For further information concerning this matter, please call:

Alyssa Chambless at ( 850 ) 362-0019  
\_\_\_\_\_  
Name of Contact Person Area Code Daytime Telephone Number

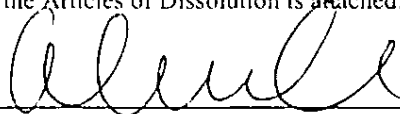
**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**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: Morchad, LLC
2. The document number of the company is L16000101537
3. The effective date the Dissolution was filed is 1/7/2019
4. The revocation of dissolution was authorized on 1/19/2019
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)**

FILED  
19 JAN -8 PM 6:50  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Morchad, LLC

2. The Articles of Organization were filed on 5/24/2016 and assigned

document number L16000101537

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

Written consent of members

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Alyssa Chambless

400 Valeria Street

Ft Walton Beach, FL 32547

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

Alyssa Chambless

Printed Name

**FILING FEE: \$25.00**

FILED  
19 JAN -7 PM 1:18