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(Cit	y/State/Zip/Phone	<i>#</i>)
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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	ECT: R.Y.L.A Services, LLC.					
30 D 01	Name of Limited Liability Company					
	closed Statement of Revocation of Dissolution ted for filing.	ı for Florida Limit	ted Liability Company and fee(s) are			
Please	return all correspondence concerning this mate	ter to:				
Yari R	odriguez					
	Contact Person		_			
R.Y.L.	A Services, LLC					
	Firm/Company		_			
3500 S	W 14 Street					
	Address		_			
Miami	FL 33145					
	City, State and Zip Code		-			
-	drodrigucz@live.com					
E-1	mail address: (to be used for future annual repo	ort notification)	_			
For fur	ther information concerning this matter, please	e call:				
Yari R	odriguez	at (793-3911			
	Name of Contact Person	Area Code	Daytime Telephone Number			
	STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, 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.	R.Y.L.A. Services , LLC The name of the company is:	
2.	The document number of the company is	<u> </u>
3.	03/02/2018 The effective date the Dissolution was filed is	
	04/24/2018	
4.	The revocation of dissolution was authorized on	र्ज ज
5.	MMM///////////////////////////////////	·
	Signature of person authorized to submit the revocation of dissolution	
	Filing Fce: \$100.00 Certifled Copy: \$30.00 (optional)	
	Columbia Copy. #50.00 (optional)	