

L16000150384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

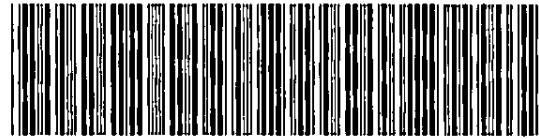
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900302871809

08/25/17--01013--020 **100.00

D SCOTT
AUG 29 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Edgar Morato, 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:

Jessica Morato
Contact Person

[Signature]
Firm/Company

2411 Quail Ave
Address

Jacksonville, FL 32218
City, State and Zip Code

emjmorato@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Morato at 904 661-6953
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: Edgar Morato, LLC
2. The document number of the company is L16000150384
3. The effective date the Dissolution was filed is 06/30/2017
4. The revocation of dissolution was authorized on 06/30/2017
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)