

**L16000154543**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

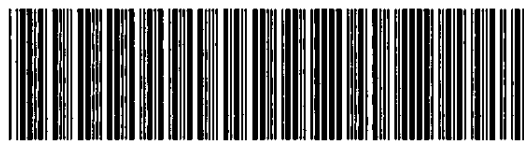
(Business Entity Name)

(Document Number)

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

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03/27/17--01021--032 \*\*100.00

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17 MAR 27 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

MAR 29 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:**

Phleblogic 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:

Yohanna Cabrera

Contact Person

Phleblogic LLC

Firm/Company

5962 SW 66th Terrace

Address

South Miami FL 33143

City, State and Zip Code

yohannacabrera@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yohanna Cabrera

Name of Contact Person

at (305) 330-7679

Area Code

Daytime Telephone Number

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

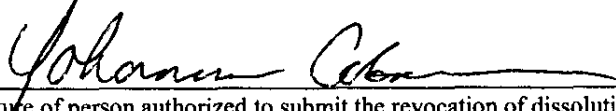
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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17  
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TALLAHASSEE, FLORIDA

**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: Phleblogic, LLC
2. The document number of the company is L16000154543
3. The effective date the Dissolution was filed is 1/20/2017
4. The revocation of dissolution was authorized on 3/22/2017
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)**

CR2E132 (10/15)

**FILED**  
**17 MAR 27 PM 2:00**  
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TALLAHASSEE, FLORIDA