

46000172494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

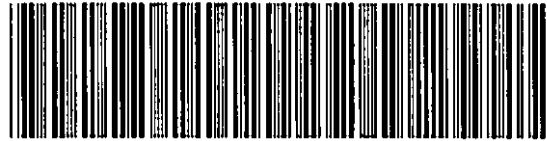
(Document Number)

Certified Copies _____ Certificates of Status _____

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Spoke to Normany stated
Revocation was authorized
on 12/10/17

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17 DEC 13 PM 12:41
TALLAHASSEE, FLORIDA

O. SEAMONS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Audio Experience 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:

Normany Montalvo
Contact Person

Audio Experience
Firm/Company

3080 W Tharpe St. Suite C
Address

Tall FL 32303
City, State and Zip Code

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

For further information concerning this matter, please call:

Normany at (561) 444-5028
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: Audio Experience LLC
2. The document number of the company is L16000172494
3. The effective date the Dissolution was filed is 11/27/17
4. The revocation of dissolution was authorized on 12/10/17
5. A copy of the Articles of Dissolution is attached.

Nancy M.
Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)