# L16000182028

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#### COVER LETTER

Division of Corporations
SUBJECT: PRING PSSISTED (IVING 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:
CAPOL DAVIS  Contact Person
CARING ASSISTED LIVING LLC Firm/Company
2588 SW GROTTO CIPCLE
PORT ST WIE FL 34953 City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  OROL DAVIS at 772 Dog-8249  Name of Contact Person Area Code Daytime Telephone Number

### **Mailing Address:**

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

### **Street Address:**

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## 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: <u>OPFING ASSISTED LIVEN</u> COLC
2.	The document number of the company is <u>L1600018 2028</u>
3.	The effective date the Dissolution was filed is $03-21-3-022$
4.	The revocation of dissolution was authorized on $03-21-2022$
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)