

216000198537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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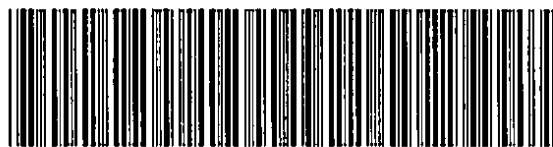
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ocean Spirit Recovery, 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:

John K. Sparks

Contact Person

Ocean Spirit Recovery, LLC

Firm/Company

2701 E. Atlantic Blvd. St. 203

Address

Pompano Beach, FL 33062

City, State and Zip Code

kitty@oceanspiritrecovery.com

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

For further information concerning this matter, please call:

Kitty Burrows

at (561) 692-5624

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

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**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: Ocean Spirit Recovery, LLC
2. The document number of the company is L16000198537
3. The effective date the Dissolution was filed is 7/23/18
4. The revocation of dissolution was authorized on 7/23/18
5. A copy of the Articles of Dissolution is attached.

Kevin Sparks
Signature of person authorized to submit the revocation of dissolution

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

CR2E132 (10/15)

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