

L17000001157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

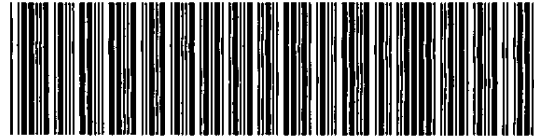
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. SCOTT
JUN 8 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUICK FIX DENTAL LAB 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:

Jocelyn Owens Holmes
Contact Person

Quick Fix
Firm/Company

5511 Bergman Rd
Address

SAF, FL 32208
City, State and Zip Code

JocelynOwens1979@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jocelyn O. Holmes at (904) 930-5206
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:

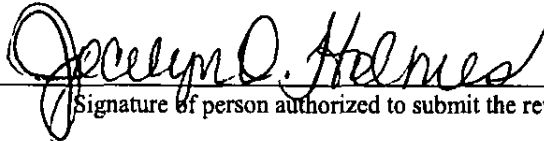
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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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: QUICK FIX DENTAL LAB LLC
2. The document number of the company is L17000001157
3. The effective date the Dissolution was filed is 5/25/2017
4. The revocation of dissolution was authorized on 5/31/2017
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)

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