

L17000009965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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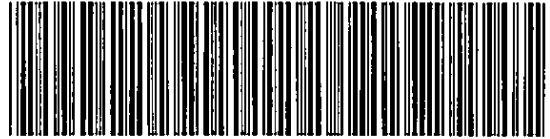
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVESTMENT GAINS 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:

DENNIS SHELVEY
Contact Person

INVESTMENT GAINS LLC
Firm/Company

7643 GATE PKWY STE 104-593
Address

JACKSONVILLE, FL 32256
City, State and Zip Code

DENNIS SHELVEY @ GMAIL . COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENNIS SHELVEY at (904) 290-2103
Name of Contact Person Area Code Daytime Telephone Number

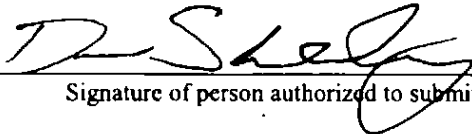
STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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: INVESTMENT GAINS LLC
2. The document number of the company is L17000009965
3. The effective date the Dissolution was filed is 4/17/2018
4. The revocation of dissolution was authorized on 7/10/2018
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)