

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
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FILED 17 SEP 28 IN 7: 31

D. SCOTT SEP 29 2017



COVER LETTER

TO: Registration Section Division of Corporations		
•	Name of Limited Liability Company	
The enclosed Statement of Revocation of submitted for filing.	of Dissolution for Florida Limited Liability Company a	nd fee(s) are
Please return all correspondence concer-	ning this matter to:	
Gary Newsome Contact Pers	<u>z</u> son	
4 Your Glasy T Firm/Compa	any	
4062. Sw Carlile	? †	
Port Sant Lucie Florid	ર કુલલ ૬૩ Zip Code	7 7 8 F
E-mail address: (to be used for futu	re annual report notification)	FILED SEP 28 M
For further information concerning this		1 7 3
Geny Newsome	at (305) 684 5863	<u> </u>
Name of Contact Person	Area Code Daytime Telephone	e 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: 4 Your Glory Transport
2.	The document number of the company is <u>L17000084350</u>
3.	The effective date the Dissolution was filed is
4.	The revocation of dissolution was authorized on 09.27.2017
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)