

LI 7000088436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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S. WARREN

JUN 15 2017

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: HEMP UNIVERSITY, 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:

Rick Rainbolt

Contact Person

Hemp University

Firm/Company

9235 Hickory Tree Ln.

Address

Charlotte, NC 28277

City, State and Zip Code

Rick@RickRainbolt.com

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

For further information concerning this matter, please call:

Rick Rainbolt

704 965-8935

at ()
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.

- Hemp University, LLC
1. The name of the company is: _____
- L17000088436
2. The document number of the company is _____
- April 20th, 2017
3. The effective date the Dissolution was filed is _____
- June 10th, 2017
4. The revocation of dissolution was authorized on _____
5. A copy of the Articles of Dissolution is attached. Yes



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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