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COVER LETTER

PO: Registration Section Division of Corporations		
SUBJECT: ARISE PALM VITA	1-1-0	
Name of Limited Liability Co		
The enclosed Statement of Revocation of Dissolution for Florida Lim submitted for filing.	nited Liability Company and fee(s) are	
Please return all correspondence concerning this matter to:		
Arline Lassonde Contact Person		
Contact Person	_	
Firm/Company		
8835 Emerson ave		
Address	_	
Surfside, FL 33154 City, State and Zip Code	_ 74 2	
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E-mail address: (to be used for future annual report notification)	- م ا	
For further information concerning this matter, please call:		ر. المور ا
Arline Lassonde at 407	,770-4746	
Name of Contact Person Area Code	Daytime Telephone Number	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	

Tallahassee, Florida 32301

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: ARISE PALM VITA	A LLC	
2. The document number of the company is $\frac{217000107996}{1000000000000000000000000000000000000$,	
3. The effective date the Dissolution was filed is $\frac{1/30/2018}{}$		
4. The revocation of dissolution was authorized on $\frac{2}{1/2018}$		
5. A copy of the Articles of Dissolution is attached.		
Signature of person authorized to submit the revocation of di	ssolution	
Filing Fee: \$100.00 Certified Copy: \$30.00 (optional)	2018 MAR 19 A	To the state of th
CR2E132 (10/15)		- 5-37

FILED Jan 30, 2018 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

ARISE PALM VITA LLC

The document number of the limited liability company: L17000107996

The file date of the articles of organization: May 16, 2017

The effective date of the dissolution if not effective on the date of filing: February 1, 2018

A description of occurance that resulted in the limited liability company's dissolution:

HOME SOLD THAT OWNS LLC AND CHECK NEEDS TO BE WRITTEN TO ARLINE LASSONDE AND NOT LLC

The name and address of the person appointed to wind up the company's activities and affairs:

ARLINE LASSONDE 8835 EMERSON AVE SURFSIDE, FL 33154

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ARLINE LASSONDE

Electronic Signature of authorized person