

L17000116573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SEP 27 2017
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TALLAHASSEE, FLORIDA

SEP 27 2017

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABLATOS 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:

SANDRA ATTIA

Contact Person

Firm/Company

19101 MYSTIC POINT APT #2603

Address

AVENTURA FL 33180

City, State and Zip Code

SANDRAATTIA@GMAIL.COM

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

For further information concerning this matter, please call:

SANDRA ATTIA

at (786) 651-1367

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

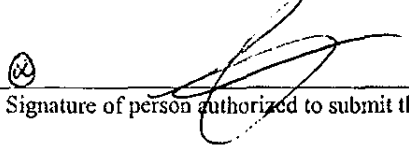
MAILING ADDRESS:

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.

- ABLATOS LLC
1. The name of the company is: _____
- L17000116573
2. The document number of the company is _____
- 09/25/2017
3. The effective date the Dissolution was filed is _____
- 09/25/2017
4. The revocation of dissolution was authorized on _____
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)

FILED
SEP 27 AM 8:49
CLERK OF COURT
HABERSHAM COUNTY
FLORIDA