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## COVER LETTER

Division of Corporations		
SUBJECT: Cajun Brothers, LLC		
Name of Lim	ited Liability Cor	mpany
The enclosed Statement of Revocation of Dissolution submitted for filing.	for Florida Limit	ed Liability Company and fee(s) are
Please return all correspondence concerning this matter	er to:	
Carl Broussard		
Contact Person		_
Cajun Brothers, LLC		
Firm/Company		_
1346 Mazurek Blvd		
Address		_
Pensacola, FL 32514		
City, State and Zip Code		_
carl@cajunspecialtymeats.com		
E-mail address: (to be used for future annual repo	rt notification)	_
For further information concerning this matter, please	call:	
Carl Broussard	850 at (	469-9400
Name of Contact Person	Area Code	Daytime Telephone Number
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314
Tallahassee Florida 32301		rammassee, rtp 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:
2.	The document number of the company is
3.	6/28/2018 The effective date the Dissolution was filed is
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)