L17000143032

(Req	uestor's Name)	
(Addı	ress)	
(Addi	ress)	
·	·	
(Cir.)	104-1-17:-171	<u> </u>
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
C	,	
(Doci	ument Number)	
Certified Copies	Certificates	of Status
0		
Special Instructions to Fi	iling Officer:	

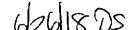
Office Use Only



900314897939

06/25/18--01031--029 **130.00

711 JUN 25 A 5: 28



COVER LETTER

 \mathcal{L}_{i}^{*}

Division of Corporations			
SUBJECT: Yayadise Wast Build	ders Fl, LLC		
Name of Limited Liability Co	ompany		
The enclosed Statement of Revocation of Dissolution for Florida Lim submitted for filing.	ited Liability Company and fee(s) are	:	
Please return all correspondence concerning this matter to:			
Roselie a. Silanero	_		
Paradise Coast Builders 1	_		
Firm/Company			
4704 Little League Rd.	_		
Address			
I minokalee, F1 34142	_		
City, State and Zip Code			
rosalie os i laur ro @ / mail o Col E-mail address: (to be used for future annual report notification)	<u>m</u>	731	· -
,		, ==	
For further information concerning this matter, please call: ### POSCIP 11: SIGNETO at (239)	503-0866	29	1 1
Name of Contact Person Area Code	Daytime Telephone Number	_>	\ddot{j}
		হ হ	
STREET ADDRESS: Registration Section	MAILING ADDRESS: - Registration Section	යා	
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tailahassee, FL 32314		
Tallahassee, Florida 32301			

TO: Registration Section

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: Paradise Gast Bulders	FI,	<u>L</u> LC
2.	The document number of the company is <u>L 17000/43033</u>		<u>.</u>
3.	The effective date the Dissolution was filed is		
4.	The revocation of dissolution was authorized on June 19, 2018		_
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)	711 JEN 25 A	; · · · · · · · · · · · · · · · · · · ·
CR2E13	32 (10/15)	्र १५ १५	']

State of Florida Department of State

I certify from the records of this office that PARADISE COAST BUILDERS FL, LLC was a limited liability company organized under the laws of the State of Florida, filed on July 3, 2017, effective June 29, 2017.

The document number of this limited liability company is L17000143032.

I further certify that said limited liability company was voluntarily dissolved on June 11, 2018, effective June 11, 2018.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Thirteenth day of June, 2018

Secretary of State



Authentication ID: 900314606209-061318-L17000143032

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

https://efile.sunbiz.org/certauthver.html

.

FILED Jun 11, 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:

PARADISE COAST BUILDERS FL, LLC

The document number of the limited liability company: L17000143032

The file date of the articles of organization: July 3, 2017

The effective date of the dissolution if not effective on the date of filing: June 11, 2018

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

PARTNER HAS BEEN FOUND TO BE NEGLIGENT TO AGREEMENT/CONTRACT PERTAINING TO THE LLC NAMED PARADISE COAST BUILDERS FL, LLC.

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

ROSALIE SILGUERO 1434 BOTANICAL DR IMMOKALEE, FL 34142

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: ROSALIE SILGUERO

Electronic Signature of authorized person

711 Ett 25 A kt 20