## L17000004604

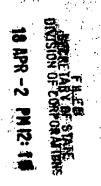
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
ICARE CONSULT LLC		
SUBJECT:		
Name of	f Limited Liability Cor	npany
The enclosed Statement of Revocation of Dissol submitted for filing.	ution for Florida Limit	ed Liability Company and fee(s) are
Please return all correspondence concerning this	matter to:	
Ike Ezenwa		
Contact Person		_
Firm/Company		_
19307 Stone Fence Pl		
Address		_
Tampa, FL 33647		
City, State and Zip Code	,	<del>-</del>
mgr@ikecare.com		
E-mail address: (to be used for future annua	report notification)	-
For further information concerning this matter, p		154 5140
Ike Ezenwa	941 at (	456-5468 )
Name of Contact Person	Area Code	Daytime Telephone Number
STREET ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations Clifton Building		Division of Corporations P. O. Box 6327
2661 Executive Center Circle		Tallahassee, Fl. 32314
Tallahassee, Florida 32301		Canadiasses, Cis. SEST

CR2E132 (10/15)

## 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.

	ICARE CONSULT LLC
١.	The name of the company is:
	L17000204604
2.	The document number of the company is
_	02/23/2018
3.	The effective date the Dissolution was filed is
	02/23/2018
4.	The revocation of dissolution was authorized on
_	
5.	A copy of the Articles of Dissolution is attached.
	Δ·1 1
	Ske Vilnua
	Signature of person authorized to submit the revocation of dissolution

Filing Fee:

\$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

