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(R	tequestor's Name)	
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	Adames Grandt LLC		
SUBJI		ited Liability Cor	npany
	closed Statement of Revocation of Dissolution ted for filing.	for Florida Limit	ted Liability Company and fee(s) are
Please	return all correspondence concerning this matt	er to:	
Julia C	Grandt		
	Contact Person		_
Adam	es Grant LLC		
	Firm/Company		_
1634 1	Lawndale Circle		
	Address	•	_
Winte	r Park, FL 32792		
	City, State and Zip Code		_
julia@)heroinspect.com		
E-	mail address: (to be used for future annual repo	ort notification)	_
For fur	ther information concerning this matter, please	call:	
Julia (Grandt	425 at (343-6776
	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.

I.	Adames Grandt LLC The name of the company is:	68
	L17000224788 The document number of the company is	F: 29
	January 22, 2018 The effective date the Dissolution was filed is	
4.	January 24, 2018 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)

CR2E132 (10/15)