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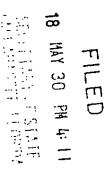
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K. SALY JUN 4 2018

COVER LETTER

TO:	Registration Section Division of Corporations		
er:bii	ECT: M & L AUTOLOGIK LLC		
SUBJE	Name of Limi	ted Liability Con	npany
	iclosed Statement of Revocation of Dissolution ted for filing.	for Florida Límit	ed Liability Company and fee(s) are
Please	return all correspondence concerning this matte	er to:	
JAVIE	ER PATINO		
	Contact Person		_
M & L	. AUTOLOGIK LLC		
	Firm/Company		-
2934	KELLY RIDGE LN		
	Address		_
TAMP	PA, FLORIDA, 33604		
	City, State and Zip Code		-
	ologik@gmail.com		_
E-	mail address: (to be used for future annual repo	rt notification)	
For fur	rther information concerning this matter, please	call:	
JAVIE	ER PATINO	786 at (8180325
	Name of Contact Person	Area Code	Daytime Telephone Number
	STREET ADDRESS:		MAILING ADDRESS:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations P. O. Box 6327
	Clifton Building 2661 Executive Center Circle		Tallahassee, FL 32314
	Tallahassee, Florida 32301		rununusee, LE SEST

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.

١.	M & L AUTOLOGIK LLC The name of the company is:
2.	L 17000229037 The document number of the company is
3.	02/16/2018 The effective date the Dissolution was filed is
4.	05/02/2018 The revocation of dissolution was authorized on
5.	A copy of the Articles of Dissolution is attached
	Signature of person anthorized to submet the revocation of dissolution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)



May 14, 2018

M & L AUTOLOGIK LLC JAVIER PATINO 2934 KELLY RIDGE LN TAMPA, FL 33604

SUBJECT: M & L AUTOLOGIK LLC Ref. Number: L17000229037

We have received your document for M & L AUTOLOGIK LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 718A00009951

Karen A Saly Regulatory Specialist II

