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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

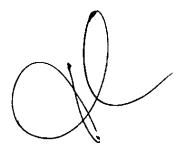
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Blue Onyx Manhattan LLC				
Name of Limited Liability Company				
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 matte	er to:			
Steven Rosenthal				
Contact Person		-		
Marx Rosenthal PLLC				
Firm/Company	<u>.</u>	-		
One SE Third Avenue, Suite 1210				
Address				
Miami, FL 33131				
City, State and Zip Code		-		
steve@marxrosenthal.com E-mail address: (to be used for future annual repo	ort notification)	_		
For further information concerning this matter, please				
Steven Rosenthal		378-8121		
Name of Contact Person	Area Code	Daytime Telephone Number		
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

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.	Blue Onyx Manhattan LLC The name of the company is:	
2.	The document number of the company is	
3.	The effective date the Dissolution was filed is	26??
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)

CR2E132 (10/15)