117000246880

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	<u>.</u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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D. SCOTT FEB 13 2018

COVER LETTER

Division of Corporations	
SUBJECT: Improved Networking Ul	mpany
The enclosed Statement of Revocation of Dissolution for Florida Limit submitted for filing.	•
Please return all correspondence concerning this matter to:	
Aiden E Anderson Contact Person	-
Improved Networking LLC Firm/Company	• -
137/0 Springer Ln Address	- ≃1 ~2
Tampa Florida - 33 LZ (City. State and ZiprCode	TATURE TO THE PROPERTY OF THE
Aiden Anderson a Improved Netwo	oricins com
For further information concerning this matter, please call: Aiden Andurson at (3/3 Name of Contact Person Area Code	Daytime Telephone Number
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, Florida 32301

Registration Section

TO:

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: Improved Networking LLC
2.	The document number of the company is <u>L17000246880</u>
3.	The effective date the Dissolution was filed is 1/19/20/8
4.	The revocation of dissolution was authorized on 2/6/2018
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)

CR2E132 (10/15)

PILEU
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PATIVALNESSEELFLORD