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COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	CT: Florida Residential Name of Limited Liabi	Consultants LLC pility Company
	osed Statement of Revocation of Dissolution for Florid d for filing.	ida Limited Liability Company and fee(s) are
Please re	eturn all correspondence concerning this matter to:	
	Carlos M. Juan	
	Contact Person	
<u> </u>	loring Residential Consult	tents (CC
	8215 N. Lois Ave T	
	TAMPA , £ 1 33614 City, State and Zip Code	ч
(E-n	ail address: (to be used for future annual report notific	ocation)
	her information concerning this matter, please call:	
	Name of Contact Person at (8)	rea Code Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 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. The name of the company is: <u>floring Residential Consu</u>	itants Luc
2. The document number of the company isL 8 0000 & 1111	
3. The effective date the Dissolution was filed is 12/29/2020	
4. The revocation of dissolution was authorized on	
5. A copy of the Articles of Dissolution is attached.	
Signature of person authorized to subjet the revocation of dissolution	
Filing Fee: \$100.00 Certified Copy: \$30.00 (optional)	2021 July 20 Pl
CR2E132 (10/15)	PH 2: 11