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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

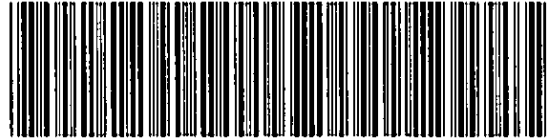
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CHAAR COOLING PB LLC  
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LUIS MUNOZ

Contact Person

Firm/Company

160 BELLA VISTA WAY

Address

ROYAL PALM BEACH, FL 33411

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS MUNOZ

Name of Contact Person

at (

561

Area Code

) 843-8009

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

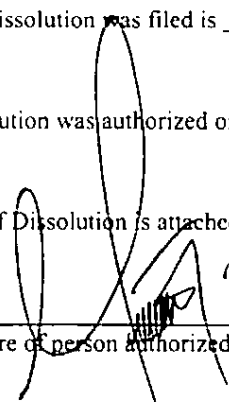
**Street Address:**

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.

- 2020  
JUN 3 46
1. The name of the company is: CHAAR COOLING PB LLC
2. The document number of the company is L18000126829
3. The effective date the Dissolution was filed is 06/01/2020
4. The revocation of dissolution was authorized on 06/01/2020
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)**