

L18000210661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

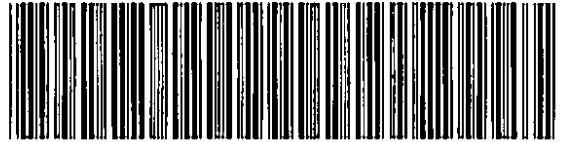
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SC CABINETS 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:

Monica Miller

\_\_\_\_\_  
Contact Person

SPYREDES LAW FIRM, P.A.

\_\_\_\_\_  
Firm/Company

4800 N. Federal Highway, Suite E-301

\_\_\_\_\_  
Address

Boca Raton, FL 33431

\_\_\_\_\_  
City, State and Zip Code

monica@spylaw.net

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

For further information concerning this matter, please call:

Monica Miller

\_\_\_\_\_  
Name of Contact Person

at ( 561 ) 405-9000

\_\_\_\_\_  
Area 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

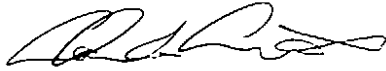
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STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

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: SC CABINETS LLC
2. The document number of the company is L18000210661
3. The effective date the Dissolution was filed is 05/15/2020
4. The revocation of dissolution was authorized on 06/05/2020
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)

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- Arthur H. Love

ਅਰਜੁਨ ਪਿਤਾ ਕ. ਕ. ਸਾਗਰ ਸਿੰ

FILING FEE: \$25.00