121000070540

| (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: | | | |
| | | | |
| | | | |
| | | | |
| | | | |





300376785363

11/19/21--01003--028 **200.00

SEGRETARY OF STAIL ALLAHASSEE, ELORIDA

FILED

W 14/22



December 10, 2021

BARRY KAUFMAN 16255 SW 117TH AVE UNIT 2 MIAMI, FL 33177

SUBJECT: BLUE COAST INSURANCE GROUP PLLC

Ref. Number: L21000070540

We have received your document and check(s) totaling \$200.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The revocation of dissolution date cannot be the same as the dissolution date.

The articles of revocation of dissolution must be accompanied by a copy of the previously filed articles of dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 821A00029754

Querida R Silas Regulatory Specialist II

www.sunbiz.org

Division of Comparations B.O. DOV COOR Will 1

COVER LETTER

| | egistration Section ivision of Corporations | | | A 0// |
|---------------------------|---|------------------------|--|-------------------------|
| SUBJECT | : Blue | Coast | Insurance) | Croup PLLC |
| • | | Name of Limited I | Liability Company | (F) |
| The enclos submitted t | | of Dissolution for I | Florida Limited Liability Con | mpany and fee(s) are |
| Please retu | rn all correspondence conc | erning this matter to: | | |
| | Sarry Kau Contact Pe | Jman | | |
| | Live M Firm/Com | Constru | iden/LC | |
| 16. | 225 Sw | | he #2 | |
| \mathcal{M}_i | ami FL | °° 3317- | 7 | |
| | City, State and | Zip Code | | |
| F-mail | address: (to be used for fu | | at com | |
| | • | - | | |
| | information concerning the | - | 561,674 | 1727 elephone Number |
| R | Initing Address: egistration Section ivision of Corporation | S | Street Addr Registration Division of | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

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: Blue Coast Insurance Group, PLLC |
|----|--|
| 2. | The document number of the company is 210000 70540 |
| 3. | The effective date the Dissolution was filed is 10 15 21 |
| 4. | The revocation of dissolution was authorized on 12 25 21 |
| 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)