K21 CCC 443201

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Orty/Otate/Zip// Hone #)
PICK-UP WAIT MAIL
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(Document Number)
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05/25/22--01011--023 **100.00





COVER LETTER

TO:	Registration Section Division of Corporations		
SURI	ECT: Players Development Club		
50 00	Name of Li	mited Liability Cor	mpany
	nclosed Statement of Revocation of Dissolutio tted for filing.	n for Florida Limit	ted Liability Company and fee(s) are
Please	return all correspondence concerning this ma	tter to:	
Louis	Bell		
	Contact Person		_
Playe	rs Development Club		
	Firm/Company		-
3001	North Rocky Point Dr E S 200		
	Address		_
Tamp	a, FL 34652		
	City, State and Zip Code	· ·	_
	n@pdc-hoops.com		_
E-	-mail address: (to be used for future annual rep	port notification)	
For fu	rther information concerning this matter, pleas	se call:	
Louis	Bell	at (3352723
	Name of Contact Person	Area Code	Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 81
			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.	Players Development Club The name of the company is:
2.	The document number of the company is
3.	The effective date the Dissolution was filed is
4.	The revocation of dissolution was authorized on
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)

2022 MAY 25 PM 1: 46