(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

SUBJECT: T.C. OAKS HOLDINGS Name of Limit	, L.L.C
Name of Limit	ed Liability Company
The enclosed Statement of Revocation of Dissolution for submitted for filing.	or Florida Limited Liability Company and fee(s) are
Please return all correspondence concerning this matter	to:
BERNIE VAN EYK Contact Person	
T-C. OAKS HOLDINGS,	L-L.C.
2975 NW STONCY CREEK	(Ave.
Tensen Beach, FL 34 City, State and Zip Code	957
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please of RERNIE V AN EYK Name of Contact Person	all: at (<u>772</u>) <u>532-4374</u> Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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TO:

Registration Section Division of Corporations

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: T.C. Oaks HOWINGS, L-L.C.
	The document number of the company is2300017-2545
<u>.</u> .	The document number of the company is
3.	The effective date the Dissolution was filed is
4.	The revocation of dissolution was authorized on July 17, 2023
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)

FILED

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5. CONTROL

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