

L99000005445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Craythorne L.L.C

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:

C Barry Craythorne MD

Contact Person

Craythorne LLC

Firm/Company

613 S Magnolia St, #1

Address

Tampa Fl 33606

City, State and Zip Code

tbocli@gmail.com

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

For further information concerning this matter, please call:

Charrise Iceman

at (813) 254-9586

Name of Contact Person

Area Code

Daytime Telephone Number

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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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: Craythorne LLC
2. The document number of the company is L99000005445
3. The effective date the Dissolution was filed is 1-27-2016
4. The revocation of dissolution was authorized on 3-23-2016
5. A copy of the Articles of Dissolution is attached.

W Craythorne m

Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

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