

L01000004657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

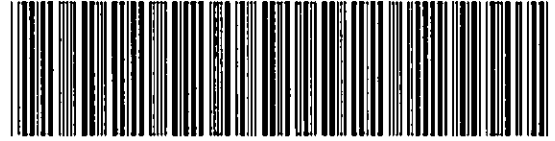
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/30/20--01010--013 \*\*100.00

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2020 APR 30 AM 11:13

Rev. Diss

MAY 19 2020  
ALBRITTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Independent Imaging, 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:

Christine Ramos

Contact Person

Firm/Company

2326 S Congress Ave, Suite 2D

Address

West Palm Beach, FL 33406

City, State and Zip Code

cramos@healthcare-accounting.com

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

For further information concerning this matter, please call:

Christine Ramos

at ( 561 ) 801-1223

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

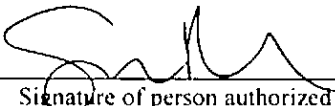
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Independent Imaging, LLC
2. The document number of the company is L01000004657
3. The effective date the Dissolution was filed is 04/01/2020
4. The revocation of dissolution was authorized on 04/01/2020
5. A copy of the Articles of Dissolution is attached.

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\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

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

**FILED**  
**Apr 01, 2020**  
**Secretary of State**

## **ARTICLES OF DISSOLUTION**

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

INDEPENDENT IMAGING, L.L.C.

The document number of the limited liability company: L01000004657

The file date of the articles of organization: March 27, 2001

The effective date of the dissolution if not effective on the date of filing: April 1, 2020

A description of occurrence that resulted in the limited liability company's dissolution:

OUT OF BUSINESS.

The name and address of the person appointed to wind up the company's activities and affairs:

CHRISTINE RAMOS  
2326 S CONGRESS AVE, SUITE 2D  
WEST PALM BEACH, FL 33406

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: CHRISTINE RAMOS

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Electronic Signature of authorized person