

L06000026881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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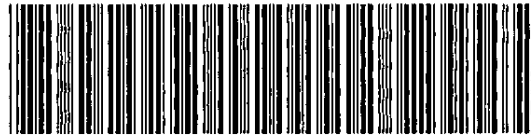
(Business Entity Name)

(Document Number)

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10 SEP - 8 PM 2:44  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. Tolson SEP 09 2010

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANKOD HEALTH CARE SERVICES OF JACKSONVILLE LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Revocation of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA MOODY  
Name of Person

ANKOD HEALTH CARE SERVICES OF JACKSONVILLE LLC  
Firm/Company

2105 PARK AVE STE 22  
Address

ORANGE PARK FLORIDA 32073  
City/State and Zip Code

SANDRA@ANKOD2.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA MOODY at (904) 278 5462  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER 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, Florida 32314

Enclosed is a check for the following amount:

- \$100 Filing Fee
- \$105 Filing Fee & Certificate of Status
- \$130 Filing Fee & Certified Copy
- \$135 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 3, 2010

SANDRA MOODY  
ANKOD HEALTH CARE SERVICES OF JACKSONVIL  
2105 PARK AVE., STE. 22  
ORANGE PARK, FL 32073

SUBJECT: ANKOD HEALTH CARE SERVICES OF JACKSONVILLE, LLC  
Ref. Number: L06000026881

We have received your document for ANKOD HEALTH CARE SERVICES OF JACKSONVILLE, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$100.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 510A00021179

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**ARTICLES OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**


SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP - 8 PM 2:44

Pursuant to section 608.4411, 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 ANKOD HEALTH CARE SERVICES OF JACKSONVILLE LLC
2. The document number of the company is L06000026881
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was 8/24/2010
4. The revocation of dissolution was authorized in the same manner as the dissolution on 8/24/10

Signatures of the members having the same percentage membership interests necessary to approve the revocation of dissolution:

Signature



Typed or Printed Name

SANDRA M MOODY

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**Filing Fee: \$100.00**