

L14000073757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

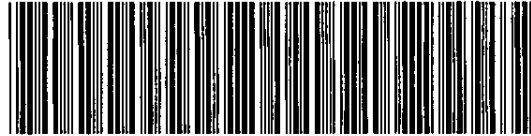
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUL 08 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEDICAL MARIJUANA CLINICS OF FLORIDA, PLLC  
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:

DAVID CROCKER  
Contact Person

Firm/Company

5660 63RD LANE N  
Address

ST PETERSBURG, FL 33709  
City, State and Zip Code

ACROCKER@MICHIGAN HOLISTICHEALTH.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID CROCKER at ( 269 ) 873-7046  
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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

- MEDICAL MARIJUANA CLINICS OF FLORIDA, PLLC
1. The name of the company is: \_\_\_\_\_
  2. The document number of the company is L14000073759 \_\_\_\_\_
  3. The effective date the Dissolution was filed is 03/09/15 \_\_\_\_\_  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
  4. The revocation of dissolution was authorized on 05/15/15 \_\_\_\_\_
  5. A copy of the Articles of Dissolution is attached.

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**FILED**  
**Mar 09, 2015**  
**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:

**MEDICAL MARIJUANA CLINICS OF FLORIDA, PLLC**

The document number of the limited liability company: L14000073759

The file date of the articles of organization: May 6, 2014

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

COMPANY NEVER DID BUSINESS LAYS DID NOT PASS TO ALLOW

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

**DAVID CROCKER**  
**PO BOX 2287**  
**KALAMAZOO, MI 49003**

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: **DAVID CROCKER**

Electronic Signature of authorized person

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