

L14000081727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

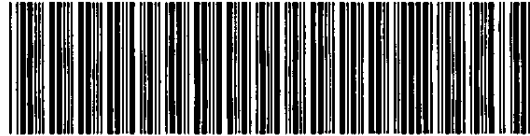
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF MISSISSIPPI
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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coast Quality Pharmacy, 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:

Natarsha Nesbitt
Contact Person

Coast Quality Pharmacy, LLC
Firm/Company

5710 Hoover Blvd.
Address

Tampa, FL 33634
City, State and Zip Code

legal@anazahealth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natarsha Nesbitt at (813) 490-3178
Name of Contact Person Area Code Daytime Telephone Number

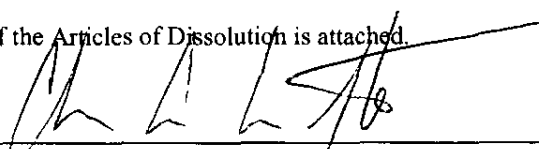
STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

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TALLAHASSEE, FLORIDA
STATE

**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: Coast Quality Pharmacy, LLC
2. The document number of the company is L14000081727
3. The effective date the Dissolution was filed is 02/24/15
4. The revocation of dissolution was authorized on 02/25/15
5. A copy of the Articles of Dissolution is attached.
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Signature of person authorized to submit the revocation of dissolution

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