

L04000060972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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J. BRYAN

FEB 23 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2012

ANGELI SAITH  
FIVE POINTS FAMILY PRACTICE LLC  
5607 WOODBINE ROAD  
PACE, FL 32571

SUBJECT: FIVE POINTS FAMILY PRACTICE , LLC  
Ref. Number: L04000060972

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TALLAHASSEE, FLORIDA

We have received your document for FIVE POINTS FAMILY PRACTICE , LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed annual report or reinstatement application and fee(s) must be submitted before the Revocation of Articles of Dissolution can be processed. Please complete and return the enclosed annual report or reinstatement application and the appropriate fee(s) to the PERSONAL AND CONFIDENTIAL ATTENTION of the undersigned.

Need a check for \$138.75

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan  
Regulatory Specialist II

Letter Number: 212A00006834

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Five Points family Practice 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:

Angeli Saith

Name of Person

Five Points Family Practice LLC

Firm/Company

5607 Woodbine Road

Address

Pace FL 32571

City/State and Zip Code

adsgmd@bellsouth.net

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

For further information concerning this matter, please call:

Glenn Dayal

Name of Person

at ( 850 ) 375 7633

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

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

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TALLAHASSEE, FLORIDA

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 Five Points Family Practice LLC.
2. The document number of the company is L04000060972.
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was  
File date 2/8/2012 for effective date 10/31/2011.
4. The revocation of dissolution was authorized in the same manner as the dissolution on 2/8/2012.

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

Signature

Typed or Printed Name

ASaith

Angeli D. Saith

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**Filing Fee: \$100.00**