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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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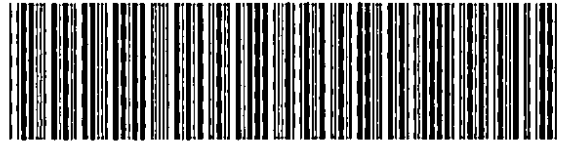
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2020 MAR 25 AM 9:23
STATE OF ALABAMA
CLERK OF THE COURT

Rev. DISC

APR 13 2020
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW LIFE CHIROPRACTIC CENTER, 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:

VANESSA K. SHIELDS-FICRE
Contact Person

New Life Chiropractic Center, LLC
Firm/Company

820 S. STATE ROAD 7
Address

PLANTATION FL 33317
City, State and Zip Code

DRVANESSA78@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS FICRE at (954) 650 7815
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:

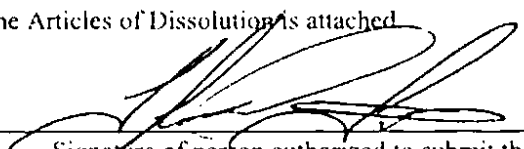
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED
2020 MAR 26 AM 9:23
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA

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: NEW LIFE CHIROPRACTIC CENTER LLC
2. The document number of the company is L01000090523
3. The effective date the Dissolution was filed is FEBRUARY 20, 2020
4. The revocation of dissolution was authorized on FEBRUARY 24, 2020
5. A copy of the Articles of Dissolution is attached



Signature of person authorized to submit the revocation of dissolution

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

FILED
Feb 20, 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:
NEW LIFE CHIROPRACTIC CENTER, L.L.C.

The document number of the limited liability company: L07000090523

The file date of the articles of organization: September 4, 2007

The effective date of the dissolution if not effective on the date of filing: February 24, 2020

A description of occurrence that resulted in the limited liability company's dissolution:
COMPANY CLOSING GOING OUT OF BUSINESS

The name and address of the person appointed to wind up the company's activities and affairs:
THOMAS FIORE
2970 NW 87 TERRACE
CORAL SPRINGS, FL 33065

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: THOMAS FIORE

Electronic Signature of authorized person