

LO7000112702

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fla. Office Anesthesia Supplies & Equip
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:

Hector Vila, Jr
Name of Person

Florida Office Anesthesia Supplies & Equip
Firm/Company

4304 Azeele St
Address

Tpa, FL 33609
City/State and Zip Code

clairebv@Verizon.net
e-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claire Vila at (813) 545-9925
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:

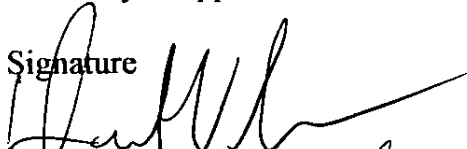
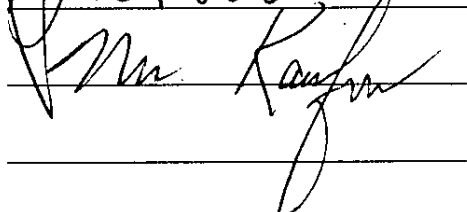
- ☒ \$100 Filing Fee ☐ \$105 Filing Fee & Certificate of Status ☐ \$130 Filing Fee & Certified Copy ☐ \$135 Filing Fee, Certificate of Status & Certified Copy

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

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 Florida Office Anesthesia Supplies + Equip
2. The document number of the company is LO70000112702
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was Sept. 16, 2009
4. The revocation of dissolution was authorized in the same manner as the dissolution on NOV. 1, 2009

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

Signature	Typed or Printed Name
	<u>Hector Vila Jr MD</u>
	<u>Marc Kaufman</u>
_____	_____
_____	_____

Filing Fee: \$100.00