

L08000034411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

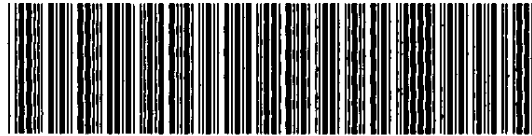
(Business Entity Name)

(Document Number)

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FILED  
09 OCT 13 AM 11:36  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. HAMPTON

OCT 14 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MedPro, 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:

Marilyn Escobar  
Name of Person

MedPro, LLC  
Firm/Company

15476 NW 77 Ct #610  
Address

Miami Lakes, FL 33016  
City/State and Zip Code

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

For further information concerning this matter, please call:

Marilyn Escobar at (202) 360-4646 x1838  
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 Medpro, LLC.
2. The document number of the company is L08000034411.
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was  
9-22-09.
4. The revocation of dissolution was authorized in the same manner as the dissolution on 9-22-09.

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

Signature

Marilyn Escobar

William Escobar

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Typed or Printed Name

Marilyn Escobar

William Escobar

\_\_\_\_\_

\_\_\_\_\_

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**Filing Fee: \$100.00**