

W08000112970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE JUL 28 AM 10:04
TALLAHASSEE, FLORIDA

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

M. THOMAS

JUL 28 2009

EXAMINER

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ABAD MEDICAL CENTER, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2.00
☐ Mail out ☐ Will wait ☐ Photocopy

- ☐ Certified Copy
☐ Certificate of State

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

☒ REVOCATION OF DISSOLUTION REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

2009 JUN 28 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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 ABAD MEDICAL CENTER, LLC
2. The document number of the company is L08000112970
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was
7-24-09
4. The revocation of dissolution was authorized in the same manner as the dissolution on JULY 27, 2009

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

Signature

Typed or Printed Name



GALIA ABAD

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUL 28 AM 10:30

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Filing Fee: \$100.00