

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elite Medical Concepts 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:

Christopher Ferrin

Contact Person

Elite Medical Concepts LLC

Firm/Company

2020 Ponce de Leon Blvd. suite #105

Address

Coral Gables, Fl. 33134

City, State and Zip Code

elitecg10@yahoo.com

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

For further information concerning this matter, please call:

Cristy

Name of Contact Person

at (305)

Area Code

640-5602

Daytime Telephone Number

STREET 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, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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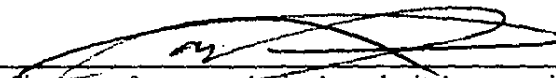
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**STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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: Elite Medical Concepts LLC
2. The document number of the company is L-10000076381
3. The effective date the Dissolution was filed is 02-26-2015
4. The revocation of dissolution was authorized on 03-09-2015
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)

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CLERK OF STATE
TALLAHASSEE FLORIDA