

L10000008836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

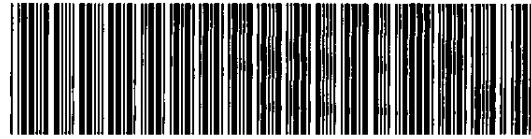
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10 DEC 27 PM 5:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NeuroMED 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:

Connie C. Lee MD  
Name of Person

NeuroMED LLC  
Firm/Company

4811 Island Pond Court #1001  
Address

Bonita Springs FL 34134  
City/State and Zip Code

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

For further information concerning this matter, please call:

Dr. Connie Lee at (973) 769 4293  
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 NEUROROMED LLC.
2. The document number of the company is L100000 88361.
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was December 2, 2010.
4. The revocation of dissolution was authorized in the same manner as the dissolution on Dec 22<sup>nd</sup> 2010

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

Signature

Typed or Printed Name

*Connie C. Lee*

CONNIE C. Lee MD

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**Filing Fee: \$100.00**

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TALLAHASSEE, FLORIDA

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