

L11000000056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

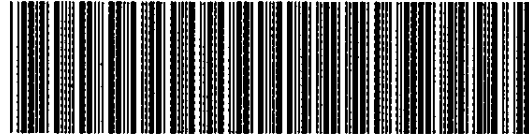
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/04/13--01003 -004 \*\*135.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 OCT -4 AM 8:54

B. BOSTICK

OCT - 7 2013

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Triple-E Health Services 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:

**Edna Perez**

Name of Person

Firm/Company

**1811 Coqui Court**

Address

**Odessa, FL 33556-5533**

City/State and Zip Code

**jperez1058@verizon.net**

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

For further information concerning this matter, please call:

**Edna Perez**

Name of Person

at ( **813** ) **857-1723**

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:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$100 Filing Fee | <input type="checkbox"/> \$105 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$130 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$135 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|--|---|--|

CR2E097 (8/05)

2013 OCT -4 AM 8:54  
TALLAHASSEE, FLORIDA

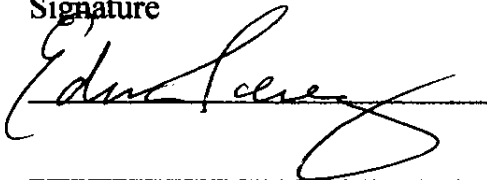
**ARTICLES OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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 Triple-E Health Services LLC.
2. The document number of the company is L11000000056.
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was  
08/27/2013.
4. The revocation of dissolution was authorized in the same manner as the dissolution on 09/30/2013.

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

Signature



Typed or Printed Name

**Edna Perez**

Eunice Ikpekpe 2nd partner has abandon

the business and filed a fraudulent document

with the State Pursuant to s.817.155

**Filing Fee: \$100.00**

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ALLAHAMSS  
FLORIDA