L110000 32474

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

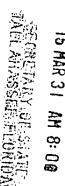




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03/31/15--01024--012 **100.00

03/31/15--01024--013 **30.00



COVER LETTER

то:	Registration Section Division of Corporations		
CUDI	ECT: SHIKANY, LLC		
SORI	Name of Lin	nited Liability Con	npany
	nclosed Statement of Revocation of Dissolution tted for filing.	n for Florida Limit	ed Liability Company and fee(s) are
Please	e return all correspondence concerning this mat	ter to:	
Wal	ter R. Shikany Jr.		_
	Contact Person	-	
Shik	any LLC		_
	Firm/Company		-
832	0 NW 30th Terrace		_
	Address		
Do	ral, FL 33122-19 <u>15</u>		_
	City, State and Zip Code		
wsh	ikany@healthcoalition.com		
——E	-mail address: (to be used for future annual rep	ort notification)	-
For fi	urther information concerning this matter, pleas	se call:	
Wal	ter R. Shikany Jr.	at (305	ຸ301-1948
	Name of Contact Person	Area Code	Daytime Telephone Number
	STREET ADDRESS: Registration Section Division of Corporations		MAILING ADDRESS: Registration Section Division of Corporations

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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.

ı.	SHIKANY, LLC The name of the company is:
2.	The document number of the company is
3.	The effective date the Dissolution was filed is
4.	The revocation of dissolution was authorized on
5.	A copy of the Articles of Dissolution is attached.
	Signature of person authorized to submit the personal dissolution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (2/14)

FILED Mar 26, 2015 Secretary of State

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ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

SHIKANY LLC

The document number of the limited liability company: L11000032434

The file date of the articles of organization: March 16, 2011

The effective date of the dissolution if not effective on the date of filing: March 26, 2015

A description of occurance that resulted in the limited liability company's dissolution:

INDIFFERENCE WITH PARTNERSHIP

The name and address of the person appointed to wind up the company's activities and affairs:

MICHAEL SHIKANY MIAMI, FL 33132

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: MICHAEL SHIKANY

Electronic Signature of authorized person