

**L11000062496**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

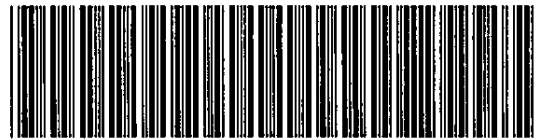
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



**400293566944**

12/27/16--01012--018 \*\*100.00

**FILED**  
**16 DEC 29 PM 12:04**  
DIVISION OF CORPORATIONS

**O SIMMONS**  
**DEC 29 2016**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** POPS PHARMACY, 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:

ARAM BLOOM, ESQ.

Contact Person

SHAPIRO BLASSI WISSEIMAN & HEILMAN

Firm/Company

7777 Glades Road. Ste 400

Address

Boca Raton, FL 33433

City, State and Zip Code

ABLOOM@SBWLAWFIRM.COM

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

For further information concerning this matter, please call:

ARAM BLOOM

Name of Contact Person

at ( 561 ) 477-7800

Area Code

Daytime Telephone Number

**STREET ADDRESS:**

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

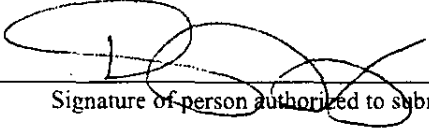
**MAILING ADDRESS:**

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

**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: POPS PHARMACY, LLC
2. The document number of the company is L110000062496
3. The effective date the Dissolution was filed is 10/31/2016
4. The revocation of dissolution was authorized on NEVER AUTHORIZED INADVERTENTLY DON'T
5. A copy of the Articles of Dissolution is attached. N/A (See Above)

  
Signature of person authorized to submit the revocation of dissolution

Authorized Signatory

**Filing Fee: \$100.00**  
**Certified Copy: \$30.00 (optional)**

DIVISION OF CORPORATE AFFAIRS  
16 DEC 29 PM 12:04

**FILED**