L12 0000 22236

(Re	questor's Name)	
•		
(Ad	ldress)	
•	·	
(Ad	ldress)	
•	,	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
. (Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
ł		
		<u> </u>

Office Use Only



800287428748

07/06/16--01028--001 **238.75

2016 JUL -6 PH 12: 08
SECRETARY OF STATE

K.SALY EXAMINER JUL -7

COVER LETTER

TO:	Registration Section Division of Corporations				
	SPINE ORTHO LLC				
SUBJ	ECT:	d Liability Com	nany		
	Name of Limit	a clability com	parry		
	closed Statement of Revocation of Dissolution for ted for filing.	or Florida Limite	d Li	ability Comp	any and fee(s) are
Please	return all correspondence concerning this matter	to:			
ASHI	SH SAHAI				
	Contact Person		•		
SPIN	E ORTHO, LLC				
<u>J.</u>	Firm/Company		-		
280 S	W NATURA AVENUE		_		
	Address		_		
DEE	RFIELD BEACH, FL 33441				
	City, State and Zip Code		-		
	i@spineoc.co		_		
Е	-mail address: (to be used for future annual repor	t notification)			
For fu	rther information concerning this matter, please	call:			
ASH	ish sahai	at (954	`	304	4334
-	Name of Contact Person	Area Code		Daytime Tele	ephone Number
	STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Reg Div P. C	LILING ADI distration Sectision of Corp.). Box 6327 lahassee, FL	tion porations

CR2E132 (10/15)

2016 JUL -6 PM R: 08
TALLAHASSEE, FLORIDA

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.

I.	SPINE ORTHO, LLC The name of the company is:
2.	The document number of the company is
3.	APRIL 6, 2016 The effective date the Dissolution was filed is
4.	The revocation of dissolution was authorized on
5.	A copy of the Articles of Pissolution is attached. Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

FILED Apr 06, 2016 Secretary of State

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:

SPINE ORTHO LLC

The document number of the limited liability company: L12000022236

The file date of the articles of organization: February 15, 2012

The effective date of the dissolution if not effective on the date of filing: April 6, 2016

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

PHYSICIAN PARTNERSHIP CONTRACT TERMINATION

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

DANE SCHLICK TRASK 751 PARK OF COMMERCE DRIVE BOCA RATON, FL 33487 US

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: LILIANNE PEREZ

Electronic Signature of authorized person