

L12 0000 75250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

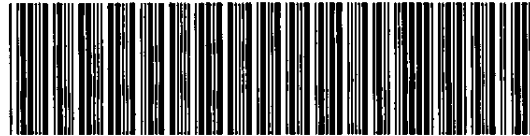
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: mindYOURmeds, 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:

Pamela Willoughby
Contact Person

mindYOURmeds, LLC
Firm/Company

3940 Morning Glory Rd
Address

Jax FL 32210
City, State and Zip Code

mindyourmeds@yahoo.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Willoughby at (904) 291-0505
Name of Contact Person 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: mindYOURmeds, LLC
2. The document number of the company is L12000075250
3. The effective date the Dissolution was filed is 9/29/14
4. The revocation of dissolution was authorized on _____
5. A copy of the Articles of Dissolution is attached.

Pamela Willoughby
Signature of person authorized to submit the revocation of dissolution

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