

L12000078687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

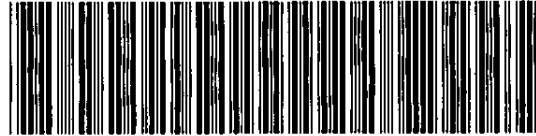
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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TÖ: Registration Section
Division of Corporations

SUBJECT: TOWN CENTER FAMILY MEDICINE, 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:

CHAD BLACK, D.O.

Contact Person

Firm/Company

610 SYCAMORE STREET STE 130

Address

CELEBRATION, FL 34747

City, State and Zip Code

TENNILLE10@GMAIL.COM

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

For further information concerning this matter, please call:

CHAD BLACK

at (321)

287-6955

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

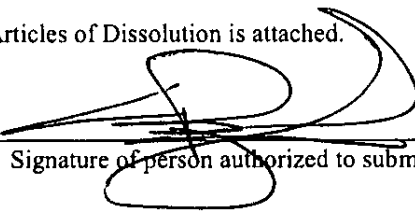
MAILING ADDRESS:

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.

- TOWN CENTER FAMILY MEDICINE,LLC
1. The name of the company is: _____
 2. The document number of the company is L12000078687
 3. The effective date the Dissolution was filed is 06/22/2016
 4. The revocation of dissolution was authorized on 06/27/2016
 5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

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

CR2E132 (10/15)

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2016 JUN 29 AM 11:53
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