

L12000135965

(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



300315147373

05/28/19--01024--004 \*\*100.00

18 JUN 20 PM 2:49  
J. J. EGGETT  
JUN 02 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Residential Doctor, 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:

Keith Bobenrieth  
Contact Person

Residential Doctor, LLC  
Firm/Company

16091 122nd Dr N  
Address

Jupiter, FL 33477  
City, State and Zip Code

kbobenrieth9@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Bobenrieth at ( 561 ) 251-3036  
Name of Contact Person Area Code Daytime Telephone Number

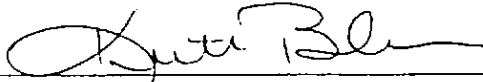
**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**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: Residential Doctor, LLC
2. The document number of the company is L12000135965
3. The effective date the Dissolution was filed is May 17, 2018
4. The revocation of dissolution was authorized on June 22, 2018
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)**

18 JUN 28 10:28:49

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
Residential Doctor, LLC

2. The Articles of Organization were filed on 10/25/18 and assigned  
document number L12000135965

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Out of business

FILED  
2018 MAY 17 PM 3:26  
ALLAHBADER, FLORIDA

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

[Signature]  
Signature

Keith Bobenrieth  
Printed Name

FILING FEE: \$25.00