

L12000156386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

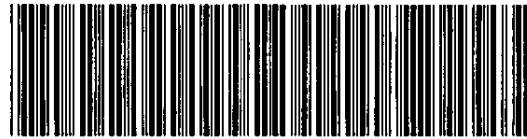
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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T. HAMPTON

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RX NATURALIS, 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:

Cheryl Schlagenhauff

Contact Person

Taylor English Duma LLP

Firm/Company

1600 Parkwood Circle SE STE 400

Address

Atlanta, GA 30339

City, State and Zip Code

cschlagenhauff@taylorenghish.com

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

For further information concerning this matter, please call:

Cheryl Schlagenhauff

Name of Contact Person

at (678)

Area Code

336-7296

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

taylor | english

Cheryl L. Schlagenhauff
Email: cschlagenhauff@taylorenghish.com
Phone: 678-336-7296

April 29, 2014

VIA FEDERAL EXPRESS

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

Re: RX NATURALIS, LLC.
Document No. L12000156386
Statement of Revocation of Dissolution
ANNUAL REPORT ENCLOSED

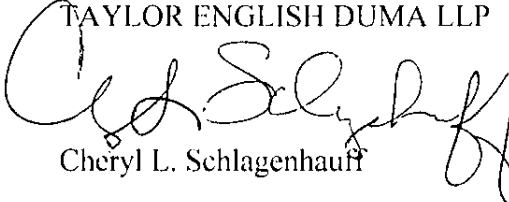
Dear Clerk:

Enclosed please find the following originals and one copy in connection with the referenced entity:

1. Cover Letter;
2. Statement of Revocation of Dissolution for Florida Limited Liability Company;
3. Limited Liability Company Annual Report;
4. One check in the amount of \$100.00 for filing fees; and
5. One check in the amount of \$138.75 for annual fees.

Please file the originals and return the file stamped copies in the enclosed, postage paid envelope. Thank you for your assistance. If you have any questions, please do not hesitate to contact me.

Best regards,

TAYLOR ENGLISH DUMA LLP

Cheryl L. Schlagenhauff

Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2014

CHERYL SCHLAGENHAUFF
1600 PARKWOOD CIRCLE SE STE 400
ATLANTA, GA 30339

SUBJECT: RX NATURALIS, LLC
Ref. Number: L12000156386

We have received your document for RX NATURALIS, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must file an annual report at the time of revoking the dissolution. Please fill out the enclosed annual report and submit it with a fee of 138.75.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 314A00009964

**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: RX NATURALIS, LLC
2. The document number of the company is L12000156386
3. The effective date the Dissolution was filed is 01/28/2014
4. The revocation of dissolution was authorized on 03/07/2014
5. A copy of the Articles of Dissolution is attached.

CAPTIVA RX, LLC, MANAGING MEMBER
by: Elizabeth Trezza, Manager

Elizabeth Trezza
Signature of person authorized to submit the revocation of dissolution

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

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TALLAHASSEE FLORIDA