L13000018880

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL.	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
,			

Office Use Only



500263662575

09/19/14--01004--013 **100.00

2014 SEP 19 AM BY OLD STATE AND ANASSEE, FLORIDA

SEP 2 3 2014 T CLINE

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Medvantage Mus IIC

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:

1 FUSKNE

\

Firm/Company

6560 W. Rogers Circle #19

Boca Raton, FI 33487

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

For further information concerning this matter, please call:

Name of Contact Person

_ at (_<u>0154</u>___

Daytime Telephone Number

STREET ADDRESS:

Registration Section Division of Corporations Cliffon 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: Medicantage Rus LLC	
2.	The document number of the company is <u>L1300019880</u>	
3.	The effective date the Dissolution was filed is date filed was 6-11-14	L
4.	The revocation of dissolution was authorized on	_
5.	A copy of the Articles of Discolution is attached	
	Signature of person authorized to submit the revocation of dissolution	
	CORETA AND A STATE OF THE STATE	
	Filing Fee: \$100.00	

Certified Copy: \$30.00 (optional)

CR2E132 (2/14)