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(Requestor's Name)

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(City/State/Zip/Phone #)

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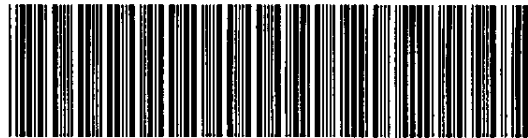
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medvantage Plus 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:

Robert Friskney
Contact Person

Medvantage Plus LLC
Firm/Company

6560 W. Rogers Circle #19
Address

Boca Raton, FL 33487
City, State and Zip Code

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

For further information concerning this matter, please call:

Joel Gillender at (954) 428-6513
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

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