## L13000054766

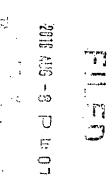
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MR 0 8 JULY

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: UninedII, LLC			
Name of Limited Liabili	ity Company		
The enclosed Statement of Revocation of Dissolution for Florida submitted for filing.	a Limited Liability Company and fee(s)	are	
Please return all correspondence concerning this matter to:			
Frances E. Vega Contact Person			
CAPS medical management	, LLC		
1800 W. HILLSBORD BLVD H	<u> 205</u>		
Deerfield Bch, Fr. 33442 City, State and Zip Code			
E-mail address: (to be used for future annual report notification	tion)		
For further information concerning this matter, please call:		□ <b></b>	
Name of Contact Person Area	Code Daytime Telephone Number		- mater
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	, O	

## 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: Unimed II, LLC		
2	The document number of the company is		
3.	The effective date the Dissolution was filed is \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
4.	The revocation of dissolution was authorized on 8 4 2016		
5.	A copy of the Articles of Dissolution is attached.		
	Janya Veg		
	Signature of person authorized to submit the revocation of dissolution		

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

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 $\Box$ 

CR2E132 (10/15)

## ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

UNIMED II, LLC

The document number of the limited liability company: L13000054766

The file date of the articles of organization: April 12, 2013

The effective date of the dissolution if not effective on the date of filing: August 1, 2016

A description of occurance that resulted in the limited liability company's dissolution:

FINANCIAL ISSUES AND SPLITTING OF OWNERSHIP

The name and address of the person appointed to wind up the company's activities and affairs:

FRANCES VEGA 1800 WEST HILLSBORO BLVD, SUITE 205 DEERFIELD BEACH, FL 33442 UN

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: FRANCES VEGA

Electronic Signature of authorized person

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