

L13000059237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

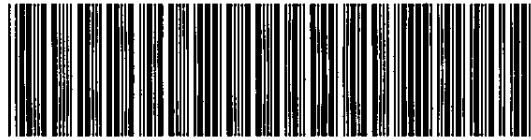
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/18/14--01002--014 **100.00

FILED
14 DEC 18 PM 2:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

JAN - 9 2015

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Life Way Medical 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:

Juan Adriatico
Contact Person

Life Way Medical LLC
Firm/Company

1076 Oak forest circle
Address

Port orange FL 32829.
City, State and Zip Code

Juan Adriatico@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Adriatico at (407) 7301769
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:

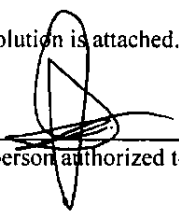
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED
14 DEC 18 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Life Way Medical LLC
2. The document number of the company is L13000059237
3. The effective date the Dissolution was filed is 11-5-2014
4. The revocation of dissolution was authorized on 12-17-2014
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)

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Life Way Medical LLC

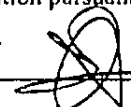
2. The Articles of Organization were filed on 3/27/2014 and assigned

document number L13000059237

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)

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).

"Not enough counsel" 

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

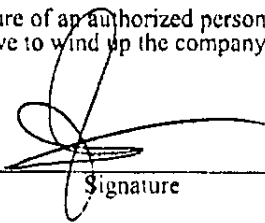


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 NOV -5 PM 1:25

FILED

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

Juan Adriatico Jr.
Printed Name

FILING FEE: \$25.00