

L13000086508

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(Address)

(Address)

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(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SPINE & OSTEOARTHRITIS CENTERS OF SOUTH FLORIDA

\_\_\_\_\_  
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:

dr LOUIS KLIONSKY

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Firm/Company

1050 nw 15TH sTREET

\_\_\_\_\_  
Address

BOCA RATON , FL 33486

\_\_\_\_\_  
City, State and Zip Code

bocaspine@gmail.com

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

For further information concerning this matter, please call.

dr louis klionsky

at ( 561 ) 393-0054

\_\_\_\_\_  
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

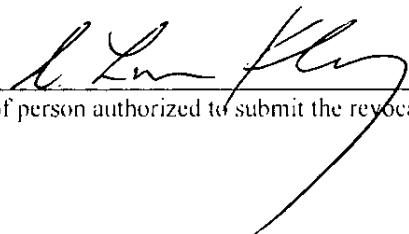
**MAILING ADDRESS:**

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

**STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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: spine & osteoarthritis centers of South Florida
2. The document number of the company is L13000086508
3. The effective date the Dissolution was filed is May 29, 2015  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
4. The revocation of dissolution was authorized on 6/22/15
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)**

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CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

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FILED  
May 29, 2015  
Secretary of State

## 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:

SPINE & OSTEOARTHRITIS CENTERS OF FLORIDA, LLC

The document number of the limited liability company: L13000086508

The file date of the articles of organization: June 14, 2013

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

NO LONGER WANT

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

DR LOUIS KLIONSKY  
1050 NW 15TH ST  
BOCA RATON, FL 33486 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: LOUIS D KLIONSKY

Electronic Signature of authorized person

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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