

L13000119918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

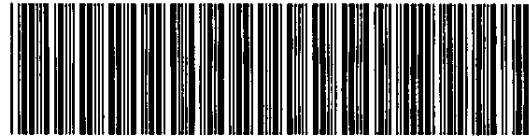
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: By Nurses LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Revocation of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monique Henry

Name of Person

By Nurses, LLC

Firm/Company

8986 NW 53 Court

Address

Sunrise, FL 33351

City/State and Zip Code

monique_henry@bellsouth.net

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

For further information concerning this matter, please call:

Monique Henry

Name of Person

at (954) 296-8840

Area Code & Daytime Telephone Number

STREET/COURIER 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, Florida 32314

Enclosed is a check for the following amount:

☐ \$100 Filing Fee

☐ \$105 Filing Fee &
Certificate of Status

☐ \$130 Filing Fee &
Certified Copy

☒ \$135 Filing Fee,
Certificate of Status &
Certified Copy

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

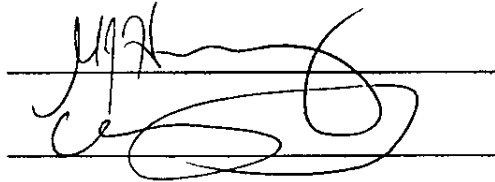
Pursuant to section 608.4411, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution:

1. The name of the company is By Nurses LLC.
2. The document number of the company is L13000119918.
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was September 14, 2013.
4. The revocation of dissolution was authorized in the same manner as the dissolution on September 14, 2013.

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TALLAHASSEE, FLORIDA

Signatures of the members having the same percentage membership interests necessary to approve the revocation of dissolution:

Signature



Typed or Printed Name

Monique Henry

Art Walcott

Filing Fee: \$100.00