L13000129279

(Requestor's Name)	-
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	, ,
Certified Copies Certificates of Status	_
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May 7, 2014

LOURDES GARDOSE 8255 COLLEGE PKWY FT MYERS, FL 33919

SUBJECT: ANESTHESIA PARTNERS OF SWFL, LLC

Ref. Number: L13000129279

We have received your document for ANESTHESIA PARTNERS OF SWFL, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must fill out the enclosed annual report and submit a fee of 138.75 in order to file the revocation of dissolution.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 914A00009754

COVER LETTER

Division of Cor			
SUBJECT:	ANESTHESIA PARTI	VERS OF SV	VFL, LLC
		ed Liability Con	
The enclosed Statement submitted for filing.	of Revocation of Dissolution f	or Florida Limite	ed Liability Company and fee(s) are
Please return all correspo	ondence concerning this matte	r to:	
Lourdes Gardos	se		
	Contact Person		-
Advanced Pain Ma	anagement Specialists		
	Firm/Company		
8255 College Park	way		_
	Address		
Fort Myers, F	_ 33919		
	City, State and Zip Code		
financial@apmss.			_
E-mail address: (to l	oe used for future annual repor	t notification)	
	concerning this matter, please		227 222
Lourdes Gardose		at (337-6808
Name of Contact	et Person	Area Code	Daytime Telephone Number
STREET ADD Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, Flo	ction porations Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CR2E132 (2/14)

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.	ANESTHESIA PARTNERS OF SWFL, LLC The name of the company is:
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
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)

CR2E132 (2/14)