

L14 000000 8533

(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



400371320384

2021 AUG 11 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

10/21/2021

2:41 PM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTEGRATIVE COUNSELING AND CONSULTING SERVICES, 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:

EVA ABAD

Contact Person

INTEGRATIVE COUNSELING AND CONSULTING SERVICES, LLC,

Firm/Company

PO BOX 772002

Address

OCALA, FL 34477

City, State and Zip Code

EABAD2000@GMAIL.COM

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

For further information concerning this matter, please call:

EVA ABAD

Name of Contact Person

at (786) 838-9568

Area Code

Daytime Telephone Number

Mailing Address:

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

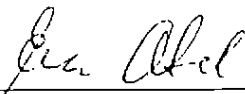
Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: INTEGRATIVE COUNSELING AND CONSULTING SERVICES, LLC
2. The document number of the company is L14000008533
3. The effective date the Dissolution was filed is 06/11/2021
4. The revocation of dissolution was authorized on 8/6/2021
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)

FILED
2021 AUG 11 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
Jun 11, 2021
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:

INTEGRATIVE COUNSELING AND CONSULTING SERVICES, LLC

The document number of the limited liability company: L14000008533

The file date of the articles of organization: January 16, 2014

The effective date of the dissolution if not effective on the date of filing: June 11, 2021

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

NO LONGER IN BUSINESS

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

EVA ABAD
P.O.BOX 640584
NORTH MIAMI BEACH, FL 33164

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: EVA ABAD

Electronic Signature of authorized person