

L14 0000 27900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

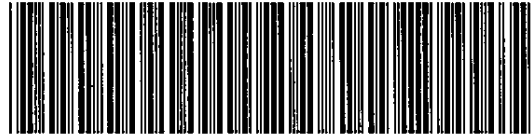
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400269613304

400269613304
03/09/15--01007--013 **100.00

FILED
15 MAR -9 PM 12:57
MAR 10 2015

J. Stevens MAR 25 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCMMC, 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:

Lawrence Haber

Contact Person

Men's Medical Clinic, LLC

Firm/Company

5728 Major Blvd, Suite 750

Address

Orlando, Florida 32819

City, State and Zip Code

lhaber@mensclinicllc.com

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

For further information concerning this matter, please call:

Lawrence Haber

at (**407**) **451-2000**

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

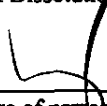
MAILING ADDRESS:

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: SCMMC, LLC
2. The document number of the company is L14000023900
3. The effective date the Dissolution was filed is 02/24/2015
4. The revocation of dissolution was authorized on 02/25/2015
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)

FILED
15 MAR -9 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
Feb 24, 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:

SCMMC, LLC

The document number of the limited liability company: L14000023900

The file date of the articles of organization: February 11, 2014

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

VOLUNTARY DISSOLUTION.

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

JAMES CHARLES
1420 CELEBRATION BLVD, SUITE 200
CELEBRATION, FL 34747 US

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: LHABER@MENSCLINICLLC.COM

Electronic Signature of authorized person