

Fm:Bridget Mann-Harrison
Division of Corporations

(18506176383)

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To:

Division of Corporations

Fax Number 1 (650) 617-6383

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIDGE, P.A.

Account Number : 073222003555 Fhone : (5611686-3307 Fax Number : (561)290-1590

LLC REVOCATION OF DISSOLUTION MEDICAL OWNER, LLC

Certificate of Status	1
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2017 MAR 16 PM 4: 36

D. SCOTT MAR 1 7 2017

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.	MEDICAL OWNER, LLC The name of the company is:
2.	L14000032707 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

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Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

FILED Jan 05, 2017 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: MEDICAL OWNER, LLC

The document number of the limited liability company: L14000032707

The file date of the articles of organization: February 25, 2014

The effective date of the dissolution if not effective on the date of filing: January 5, 2017

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

COMPANY DOES NOT HAVE OPERATIONS IN FLORIDA

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

TIMOTHY DORAN 2328 10TH AVENUE, STE 302 LAKE WORTH, FL 33461 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: TIMOTHY DORAN

Electronic Signature of authorized person

