

L14 0000 49507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

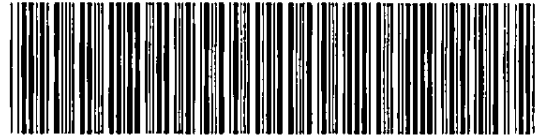
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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01 JAN 2020 01:07:11 PM

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SECRETARY OF STATE  
DIVISION OF REVENUE  
2020 JAN 27 PM 3:35

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Access Diagnostic Institute, 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:

Jason Wilson

\_\_\_\_\_  
Contact Person

RRAL Enterprises, LLC

\_\_\_\_\_  
Firm/Company

PO Box 135065

\_\_\_\_\_  
Address

Clermont, FL 34713-5065

\_\_\_\_\_  
City, State and Zip Code

jwilson@accessdxi.com

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

For further information concerning this matter, please call:

Jason Wilson

\_\_\_\_\_  
Name of Contact Person

at (

352 716 )

Area Code

324 6270 314-9712

Daytime Telephone Number

**Mailing Address:**

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

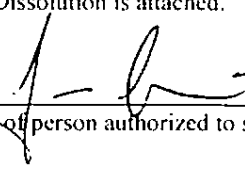
**Street Address:**

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: Access Diagnostic Institute, LLC
2. The document number of the company is L14000049507
3. The effective date the Dissolution was filed is 12/30/2019
4. The revocation of dissolution was authorized on 1/12/2020
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)

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2020 JAN 27 PM 3:35

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

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1. The name of a limited liability company is

Access Diagnostic Institute, LLC

2. The Articles of Organization were filed on 03/25/2014 and assigned

document number 1,140,000,49507

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Discontinuation of business operations and member consent.

Discontinuation of business operations and member consent.

Discontinuation of business operations and member consent.

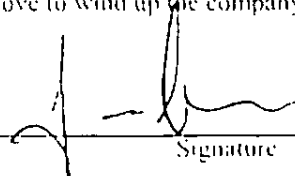
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Jason Wilson, Manager of RRAL Enterprises, LLC (Manager)

PO Box 435065

Clermont, FL 34713-5065

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

  
Signature

Jason Wilson

Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Access Diagnostic Institute, LLC

Document number of Limited Liability Company is: L14000049507

Date of dissolution was: December 20, 2019

Description of information that must be included in a written claim:

Name of claimant

A brief description of the claim, including whether the claim matured and date.

Whether the debt is secured or unsecured.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

RRAL Enterprises, LLC

Attention: Jason Wilson

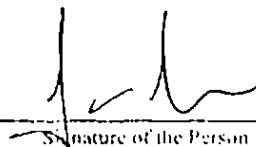
PO Box 135065

Clermont, FL 34713-5065

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Jason Wilson

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**