

L14000064031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

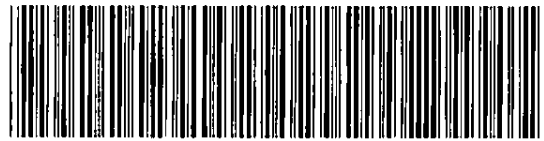
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/26/23--01052--008 **100.00

FILED
2023 SEP 26 AM 8:03
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOCA RATON INTEGRATED MEDICINE, 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:

Robert Klein

Contact Person

BOCA RATON INTEGRATED MEDICINE, LLC

Firm/Company

1601 Clint Moore Rd suite 182

Address

Boca Raton Florida., 33487

City, State and Zip Code

derobk@gmail.com

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

For further information concerning this matter, please call:

Robert Klein

at (561) 573-4664

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

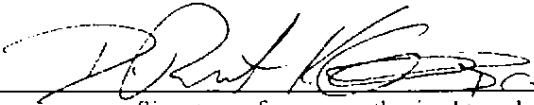
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED
2023 SEP 26 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

- BOCA RATON INTEGRATED MEDICINE, LLC
1. The name of the company is: _____
- L14000064031
2. The document number of the company is _____
- 06-29-2023
3. The effective date the Dissolution was filed is _____
- 06-29-2023
4. The revocation of dissolution was authorized on _____
5. A copy of the Articles of Dissolution is attached.

 12-19-23

Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

FILED
Jun 29, 2023
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:

BOCA RATON INTEGRATED MEDICINE, LLC

The document number of the limited liability company: L14000064031

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

The effective date of the dissolution if not effective on the date of filing: June 29, 2023

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

THE COMPANY IS MERGING WITH ANOTHER COMPANY

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

ROBERT KLEIN
1601 CLINT MOORE RD, SUITE 182
BOCA RATON, AL 33487 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: DR ROBERT KLEIN DC

Electronic Signature of authorized person