

214000073757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

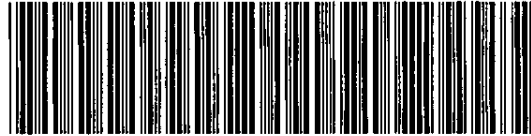
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICAL MARIJUANA CLINICS OF FLORIDA, PLLC

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:

DAVID CROCKER

Contact Person

Firm/Company

5660 63RD LANE N

Address

ST PETERSBURG, FL 33709

City, State and Zip Code

ACROCKER@MICHIGAN HOLISTICHEALTH.COM

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

For further information concerning this matter, please call:

DAVID CROCKER

Name of Contact Person

at (269) 873-7046
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

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TALLAHASSEE, FLORIDA

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**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.

- MEDICAL MARIJUANA CLINICS OF FLORIDA, PLLC
1. The name of the company is: _____
2. The document number of the company is L14000073759 _____
3. The effective date the Dissolution was filed is 03/09/15 _____
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. The revocation of dissolution was authorized on 05/15/15 _____
5. A copy of the Articles of Dissolution is attached.

Signature of person authorized to submit the revocation of dissolution

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TALLAHASSEE, FLORIDA

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

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Mar 09, 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:

MEDICAL MARIJUANA CLINICS OF FLORIDA, PLLC

The document number of the limited liability company: L14000073759

The file date of the articles of organization: May 6, 2014

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

COMPANY NEVER DID BUSINESS LAYS DID NOT PASS TO ALLOW

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

DAVID CROCKER
PO BOX 2287
KALAMAZOO, MI 49003

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: **DAVID CROCKER**

Electronic Signature of authorized person