

U4000136027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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MAR 07 2017

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Institute for Collaborative Health Care
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:

Albert Whitehead
Contact Person

Firm/Company

1770 E. Las Oas Blvd #305
Address

Fork Lauderdale, FL 33301
City, State and Zip Code

bartwhitehead@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert Whitehead at 954, 818-0979
Name of Contact Person Area Code Daytime Telephone Number

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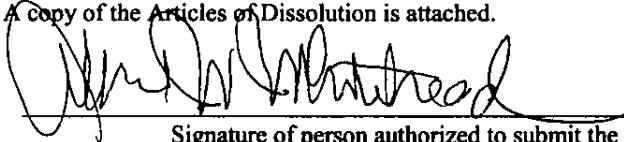
STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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: Institute for Collaborative Health Care
2. The document number of the company is L14000136027
3. The effective date the Dissolution was filed is 12/15/16
4. The revocation of dissolution was authorized on 2/25/17
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

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

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

1. The name of a limited liability company is
Inghite for Collaborative Health Care,

2. The Articles of Organization were filed on 3/29/14 and assigned
document number L14000136027

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).
No business interest

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
Albert Whitehead
1720 E. Las Olas Blvd #305
Fort Lauderdale, FL 33301

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TALLAHASSEE, FLORIDA
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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

Albert Whitehead
Printed Name

FILING FEE: \$25.00