

L15000051286

(Requestor's Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blu Medical Solutions
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:

Vera Graca
Contact Person

Firm/Company

405 S Dale Mabry HWY, suite 309
Address

Tampa, FL 33609
City, State and Zip Code

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

For further information concerning this matter, please call:

Vera Graca at (941) 735-6449
Name of Contact Person 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

15 MAY 27 PM 3:06

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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.

1. The name of the company is: Blu Medical Solutions
2. The document number of the company is L15000051286
3. The effective date the Dissolution was filed is _____
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 March 23, 2015
5. A copy of the Articles of Dissolution is attached.

Vener Grace

Signature of person authorized to submit the revocation of dissolution

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

CR2E132 (4/15)

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