

L15000061590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

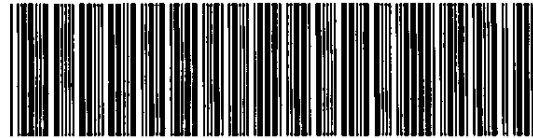
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600293871506

01/18/17--01005--003 **100.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JAN 18 P 4:31

FILED

S Warren

JAN 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE PALM BEACHES CENTER FOR ENDODONTICS, 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:

John K. Copeland, Esquire

Contact Person

Kramer, Sopko & Levenstein, P.A.

Firm/Company

2300 S.E. Monterey Road, Suite 100

Address

Stuart, Florida 34996

City, State and Zip Code

jcopeland@kslattorneys.com

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

For further information concerning this matter, please call:

Tracy Barnes

Name of Contact Person

at (772)

Area Code

288-0048

Daytime Telephone Number

STREET ADDRESS:

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

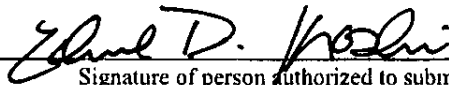
MAILING ADDRESS:

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

**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: THE PALM BEACHES CENTER FOR ENDODONTICS, LLC
2. The document number of the company is L15000061590
3. The effective date the Dissolution was filed is 10/4/16
4. The revocation of dissolution was authorized on 12/27/16
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)

CR2E132 (10/15)

FILED
2017 JAN 18 P 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
Oct 04, 2016
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:

THE PALM BEACHES CENTER FOR ENDODONTICS, LLC

The document number of the limited liability company: L15000061590

The file date of the articles of organization: April 8, 2015

The effective date of the dissolution if not effective on the date of filing: October 4, 2016

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

OUT OF BUSINESS

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

EDWARD KOSAKOSKI
1500 S. INDIAN RIVER DRIVE
FT PIERCE, FL 34950

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: **EDWARD D. KOSAKOSKI**

Electronic Signature of authorized person