

L15000113356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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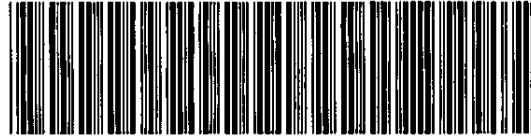
(Business Entity Name)

(Document Number)

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2015 NOV 16 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 18 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1st Choice Chiropractic Center, 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:

DR. LISA MURRAY, DC
Contact Person

1st Choice Chiropractic Center, LLC
Firm/Company

6100 S. ORANGE AVENUE, UNIT C-170
Address

ORLANDO, FL 32809
City, State and Zip Code

L MURRAY DC @ yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR. LISA MURRAY, DC at (306) 675-8877
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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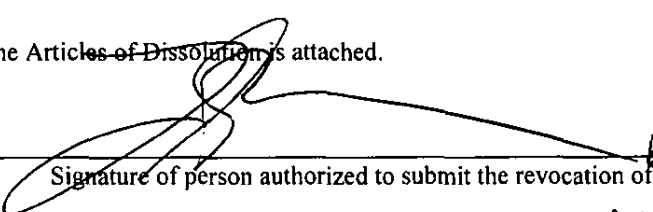
2015 NOV 16 AM 8:00

STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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.

1. The name of the company is: 1st Choice Chiropractic Center, LLC
2. The document number of the company is L 15000 113356
3. The effective date the Dissolution was filed is 8/3/2015
4. The revocation of dissolution was authorized on 11/12/15
5. A copy of the Articles of Dissolution is attached.


Signature of person authorized to submit the revocation of dissolution

DR. LISA MURRAY, D.C.

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

FILED
Aug 03, 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:
1ST CHOICE CHIROPRACTIC CENTER, LLC.

The document number of the limited liability company: L15000113356

The file date of the articles of organization: June 30, 2015

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

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

LISA MURRAY, DC
922 TALL PINE DR.
PORT ORANGE, FL 32127

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: LISA MURRAY, DC

Electronic Signature of authorized person