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APR 2 4 2017 S. YOUNG



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COVER LETTER					
TO: Registration Section Division of Corporations					
SUBJECT: PHARMAFUSION, 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:					
LOYA R. DOBSS Contact Person					
Firm/Company					
7256 Heaven Lt.					
Fort Myus, FL 33908  City, State and Zip Code					
City, State and Zip Code					
DRDOBBZCME. COM  E-mail address: (to be used for future annual report notification)					

For further information concerning this matter, please call:

JOHN R. DOBBS

#

at (239

290.7230

ü

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

## 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.

١.	The name of the company is: PHARMAFUSION LLC		
2.	The document number of the company isL15 000124 263		
3.	The effective date the Dissolution was filed is 4/13/2017		
4.	The revocation of dissolution was authorized on		
5.	A copy of the Articles of Dissolution is attached.	17 APR 21	SECRETATION LALLAHAS
	Signature of person authorized to submit the revocation of dissolution	PH IC:	SEF FLOR
	Filing Fee: \$100.00	52	RIA RIA RIA RIA RIA RIA RIA RIA RIA RIA

Certified Copy: \$30.00 (optional)

## State of Florida Department of State

I certify from the records of this office that PHARMAFUSION, LLC was a limited liability company organized under the laws of the State of Florida, filed on July 20, 2015, effective July 20, 2015.

The document number of this limited liability company is L15000124263.

I further certify that said limited liability company was voluntarily dissolved on April 13, 2017, effective April 14, 2017.

SEGRETARY OF STATE ALL AHASSEE, FLORIDA PAPR 21 PHIC: 52

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Fourteenth day of April, 2017

Secretary of State



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