

L15000197178

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

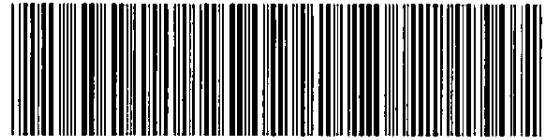
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2024 APR 10 PM 2:39  
SECTION  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WATERMARK INTERNAL MEDICINE CARE, 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:

SANDRA RODRIGUEZ

Contact Person

WATERMARK INTERNAL MEDICINE CARE, LLC

Firm/Company

11864 BATELLO LN

Address

ORLANDO FL 32827

City, State and Zip Code

sandrar\_75@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA RODRIGUEZ at ( 407 ) 4977358

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

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

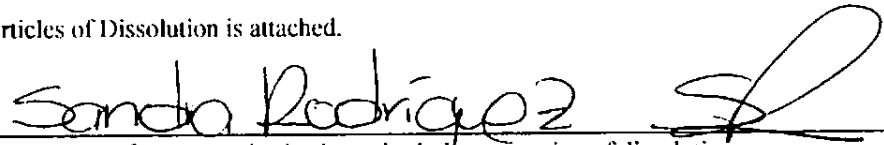
**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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.

- WATERMARK INTERNAL MEDICINE CARE, LLC
1. The name of the company is: \_\_\_\_\_
  2. The document number of the company is L15000197178
  3. The effective date the Dissolution was filed is 01/09/2024
  4. The revocation of dissolution was authorized on 01/09/2024
  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)**

2024 APR 10 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**FILED**  
**Jan 09, 2024**  
**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:

**WATERMARK INTERNAL MEDICINE CARE, LLC**

The document number of the limited liability company: **L15000197178**

The file date of the articles of organization: **November 18, 2015**

The effective date of the dissolution if not effective on the date of filing: **January 9, 2024**

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

**NOT IN BUSINESS**

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

**SANDRA RODRIGUEZ**  
**11864 BATELLO LN**  
**ORLANDO, FL 32827 US**

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: **SANDRA RODRIGUEZ**

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Electronic Signature of authorized person