## 1/10000040719

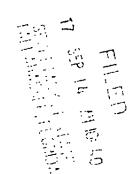
(Requestor's Name)	
(Address)	1
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	tus
Special Instructions to Filing Officer:	
	11





800303411458

09/14/17--01019--025 ++100.00



D SCOTT SEP 1 8 2017

## COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: WELLNESS	SERVICES OF Name of Limited Liab	SAKASOTA oility Company	LIC		
The enclosed Statement of Revocation submitted for filing.	of Dissolution for Flor	ida Limited Liability	Company and fee(s	3) are	
Please return all correspondence conce	ming this matter to:				
SEAN STRING	e12				
Contact Per	son				
Firm/Comp	_				
1421 DARYL DRIV					
Addres	s 				
SARASOTA, FL 34	232 Zip Code				
City, State and	Zip Code	<del></del>			
E-mail address: (to be used for futt	ywssoc, co	M			
E-mail address: (to be used for futi	re annual report notific	cation)			
For further information concerning this	matter, please call:				
Name of Contact Person	at (	<u> 141 ) 93 </u>	7-8288 ne Telephone Numb	<u> </u>	
Name of Contact Person	Ar	ea Code Daytin	ne Telephone Numb		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		Registration of P. O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	EP 11 111	TI
Tallahassee, Florida 32301					

## 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: WELLNESS SERVICES OF SARASOTA LLC
2.	The document number of the company is
3.	The effective date the Dissolution was filed is $8/9/17$
	The revocation of dissolution was authorized on $8/29/17$
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)

## State of Florida Department of State

I certify from the records of this office that WELLNESS SERVICES OF SARASOTA, LLC was a limited liability company organized under the laws of the State of Florida, filed on February 22, 2016, effective April 14, 2015.

The document number of this limited liability company is L16000040719.

I further certify that said limited liability company was voluntarily dissolved on August 29, 2017, effective August 29, 2017.

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

Secretary of State



Authentication ID: 500303085925-083017-L16000040719

To authenticate this certificate visit the following site, enter this ID, and then follow the instructions displayed.

https://efile.sunbiz.org/certauthver.html