

**L16 000050114**

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

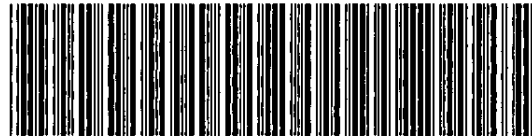
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/09/17--01008--029 \*\*100.00

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RETURNED CHECK**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 MAR -9 PM 12:06

**FILED**

**S Warren**

**MAR 10 2017**

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RETURNED CHECK

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Family Medicine at Kissimmee 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:

Neussa Parziale  
Contact Person

Orange Ave Medical Group  
Firm/Company

2106 N Orange Ave Ste 100  
Address

Orlando, FL 32804  
City, State and Zip Code

mparziale@oacmg.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Neussa Parziale at (407) 459-1181  
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

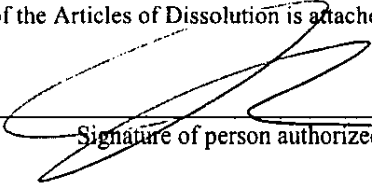
**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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## 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: Family Medicine at Kissimmee
2. The document number of the company is L16000050114
3. The effective date the Dissolution was filed is 01/09/2017
4. The revocation of dissolution was authorized on 01/09/2017
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)

2017 MAR -9 P 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# *State of Florida*

## *Department of State*

I certify from the records of this office that FAMILY MEDICINE AT KISSIMMEE LLC was a limited liability company organized under the laws of the State of Florida, filed on March 10, 2016, effective March 10, 2016.

The document number of this limited liability company is L16000050114.

I further certify that said limited liability company was voluntarily dissolved on January 9, 2017.

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*Given under my hand and the Great Seal of  
Florida, at Tallahassee, the Capital, this the Tenth  
day of January, 2017*

*Ken DeFries*

*Secretary of State*



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