



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2018

FAMILY MEDICINE AT KISSIMMEE LLC
1975 S. JOHN YOUNG PARKWAY, SUITE 201
KISSIMMEE, FL 34741

SUBJECT: FAMILY MEDICINE AT KISSIMMEE LLC
Ref. Number: L16000050114

000313828980

Debit Memo #: 025690-B

Due to your failure to respond to our previous letter advising you of the attached returned check #1095, the Revocation of Dissolution for FAMILY MEDICINE AT KISSIMMEE LLC has been cancelled and is considered not filed as of May 22, 2018.

The entity has now reverted to its previous status.

If you have any questions concerning the returned check, please call (850) 245-6939.

Sincerely
Tammi Cline
Regulatory Specialist III
Division of Corporations

Letter Number: 718A00010679



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2017

FAMILY MEDICINE AT KISSIMMEE LLC
1975 S. JOHN YOUNG PARKWAY, SUITE 201
KISSIMMEE, FL 34741

SUBJECT: FAMILY MEDICINE AT KISSIMMEE LLC
Ref. Number: L16000050114

We have received your document for FAMILY MEDICINE AT KISSIMMEE LLC and check(s) totaling \$115.00. However, your check(s) and document are being returned for the following:

The payment for debit memo # 025690-B must be paid by a cashier's check or money order.

If you have any questions concerning this matter, please call 850-245-6900.

Tammi Cline
Regulatory Specialist III

Letter Number: 317A00016011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2017

FAMILY MEDICINE AT KISSIMMEE LLC
1975 S. JOHN YOUNG PARKWAY, SUITE 201
KISSIMMEE, FL 34741

SUBJECT: FAMILY MEDICINE AT KISSIMMEE LLC
Ref. Number: L16000050114

Debit Memo #: 025690-B

This is to inform you that your check #1095 dated March 3, 2017 in the amount of \$100.00 and submitted for FAMILY MEDICINE AT KISSIMMEE LLC has been returned to us by your bank because of account closed.

As we cannot take credit card information over the phone, we request that you remit a cashier's check or money order in the amount of \$115.00 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Tammi Cline
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (850) 245-6939.

Sincerely,
Tammi Cline
Regulatory Specialist III
Division of Corporations

Letter number: 017A00012645