

L16000082839

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REVOCATION OF DISSOLUTION

APR 14 2020

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CREDIT PHYSICIANS, 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:

ADAM GAMEZ  
Contact Person

CREDIT PHYSICIANS, LLC  
Firm/Company

8333 NW 53RD ST STE 450  
Address

DORAL, FL 33166  
City, State and Zip Code

AGAMEZ@THECREDITPHYSICIANS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADAM GAMEZ at ( 786 ) 681-8771  
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

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CR2E132 (10/15)

**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.

- CREDIT PHYSICIANS**
1. The name of the company is: \_\_\_\_\_
  2. The document number of the company is L16000082839
  3. The effective date the Dissolution was filed is 04/08/2020
  4. The revocation of dissolution was authorized on 04/08/2020
  5. A copy of the Articles of Dissolution is attached \_\_\_\_\_

\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

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**Filing Fee: \$100.00**  
**Certified Copy: \$30.00 (optional)**

**FILED**  
**Apr 08, 2020**  
**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:  
**CREDIT PHYSICIANS, LLC**

The document number of the limited liability company: **L16000082839**

The file date of the articles of organization: **April 27, 2016**

A description of occurrence that resulted in the limited liability company's dissolution:  
**BUSINESS CLOSED DOWN.**

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: **ADAM GAMEZ**

Electronic Signature of authorized person