

116 0000 90338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

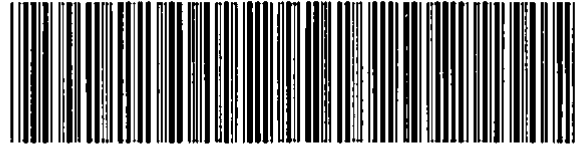
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100332710071

08/21/19--01017--022 \*\*100.00

FILED  
19 AUG 21 AM 10:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

AUG 30 2019  
T SCHROEDER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Center for Advanced Neurosciences

\_\_\_\_\_  
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:

Joseph Keener

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Firm/Company

13337 SW 44th Street

\_\_\_\_\_  
Address

Davie, Florida 33330

\_\_\_\_\_  
City, State and Zip Code

joekeener@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Keener

\_\_\_\_\_  
Name of Contact Person

at ( 305 ) 305-9055

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

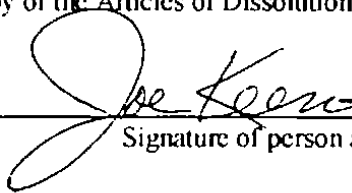
**MAILING ADDRESS:**

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

**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: The Center for Advanced Neurosciences
2. The document number of the company is L16000090338
3. The effective date the Dissolution was filed is 05/01/2019
4. The revocation of dissolution was authorized on 08/05/2019
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)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 AUG 21 AM 10:14

FILED

## 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:  
THE CENTER FOR ADVANCED NEUROSCIENCES, LLC

The document number of the limited liability company: L16000090338

The file date of the articles of organization: May 9, 2016

The effective date of the dissolution if not effective on the date of filing: May 1, 2019

A description of occurrence that resulted in the limited liability company's dissolution:  
NO LONGER IN OPERATING

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

ANDREA KEENER  
13337 SW 44TH STREET  
FORT LAUDERDALE, FL 33330

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: ANDREA KEENER

---

Electronic Signature of authorized person