

L16000123995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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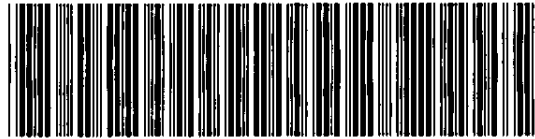
(Business Entity Name)

(Document Number)

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18 APR 30 AM 11:53

2018 APR 30 AM 11:44

M. MILLIGAN

APR 30 2018

**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: QUANTUM SURGICAL MANAGEMENT, LLC
2. The document number of the company is L16000123995
3. The effective date the Dissolution was filed is 3/22/18
4. The revocation of dissolution was authorized on 4/20/18
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)

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**Mar 22, 2018**  
**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:

**QUANTUM SURGICAL MANAGEMENT, LLC**

The document number of the limited liability company: L16000123995

The file date of the articles of organization: June 27, 2016

A description of occurrence that resulted in the limited liability company's dissolution:

NOT NOW OR EVER DOING BUSINESS WITH NO INCOME OR ASSETS

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

**TOM WILSON**  
**440 MEADOW LARK DRIVE**  
**SARASOTA, FL 34236**

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: **TOM WILSON**

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Electronic Signature of authorized person