

L16000132896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

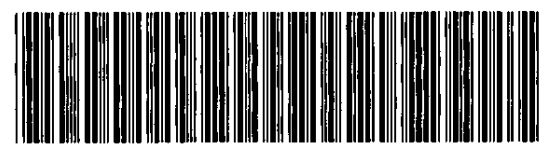
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500297827245

04/17/17--01023--017 \*\*100.00

FILED  
17 APR 17 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
APR 19 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RADIOLOGY EXPRESS OF POINCIANA 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:

TERRI MCDERMOTT

Contact Person

APA TAX & FINANCIAL SERVICES LLC

Firm/Company

2411 W SAND LAKE ROAD SUITE C

Address

ORLANDO FL, 32809

City, State and Zip Code

TERRI@APAFINANCIAL.COM

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

For further information concerning this matter, please call:

TERRI MCDERMOTT

at ( 407 ) 259-2626

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:**

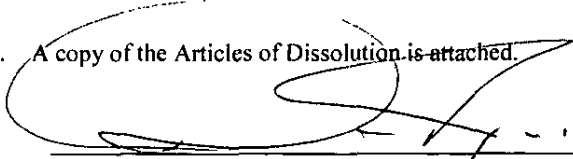
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
17 APR 17 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: RADIOLOGY EXPRESS OF POINCIANA LLC
2. The document number of the company is L16000132896
3. The effective date the Dissolution was filed is 01/31/2017
4. The revocation of dissolution was authorized on 03/29/2017
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)**

**FILED**  
**17**  
**APR 17 PM 1:56**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**FILED**  
**Jan 31, 2017**  
**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:

RADIOLOGY EXPRESS OF POINCIANA LLC

The document number of the limited liability company: L16000132896

The file date of the articles of organization: July 14, 2016

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

PERSONAL BANKRUPTCY.

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

KAYA COLAK  
1500 E. HILLSBORO BLVD., SUITE 110  
DEERFIELD BEACH, FL 33441

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: KAYA COLAK

\_\_\_\_\_  
Electronic Signature of authorized person

**FILED**  
**17 APR 17 PM 1:56**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**