

L16000 146539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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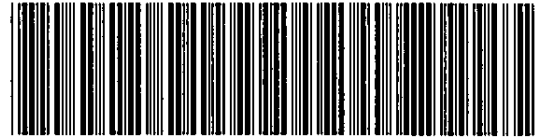
(Business Entity Name)

(Document Number)

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

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2017 DEC -4 PM 2:36  
TALLAHASSEE, FLORIDA

DEC 05 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Excel Home Therapy 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:

Stephanie Horvath  
Contact Person

Excel Home Therapy LLC  
Firm/Company

3160 Tohopekaliga Dr.  
Address

St. Cloud, FL 34772  
City, State and Zip Code

excelhometherapy@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Horvath at (561) 699-1994  
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

**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: Excel Home Therapy LLC
2. The document number of the company is L16000146539
3. The effective date the Dissolution was filed is 10/20/2017
4. The revocation of dissolution was authorized on 11/20/2017
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)**

CR2E132 (10/15)

**FILED**  
2017 DEC -4 PM 2:36  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

**FILED**  
**Oct 20, 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:

**EXCEL HOME THERAPY LLC**

The document number of the limited liability company: L16000146539

The file date of the articles of organization: August 5, 2016

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

THE COMPANY CLOSED IT OPERATION.

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

**VERENA R NODA**  
**1324 OAK GROVE CT**  
**KISSIMMEE, FL 34744**

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: **VERENA R NODA**

Electronic Signature of authorized person

**FILED**  
**2017 DEC -4 PM 2:35**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**