

L16 0000 171 330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

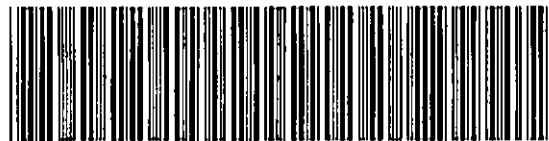
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAR -9 PM 12:07

MAY 20 2021

R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CANOPUS PHYSICIANS PLLC

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:

RYAN KRECH

Contact Person

CANOPUS PHYSICIANS PLLC

Firm/Company

77 CAYMAN COVE

Address

DESTIN FL 32541

City, State and Zip Code

KRECH15@GMAIL.COM

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

For further information concerning this matter, please call:

RYAN KRECH

Name of Contact Person

at (214)

Area Code

797-5399

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

**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.

- CANOPUS PHYSICIANS PLLC
1. The name of the company is: _____
- L16000171330
2. The document number of the company is _____
- 12/18/2020
3. The effective date the Dissolution was filed is _____
- 3/1/2021
4. The revocation of dissolution was authorized on _____
5. A copy of the Articles of Dissolution is attached.



RYAN N. KRECH

Signature of person authorized to submit the revocation of dissolution

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

CR2E132 (10/15)

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State of Florida

Department of State

I certify from the records of this office that CANOPUS PHYSICIANS PLLC was a limited liability company organized under the laws of the State of Florida, filed on September 13, 2016, effective September 10, 2016.

The document number of this limited liability company is L16000171330.

I further certify that said limited liability company was voluntarily dissolved on December 18, 2020, effective December 31, 2020.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the
Twentieth day of December, 2020*



Randy Rye

Secretary of State

Authentication ID: 800356712648-122020-L16000171330

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>