

L16000172165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

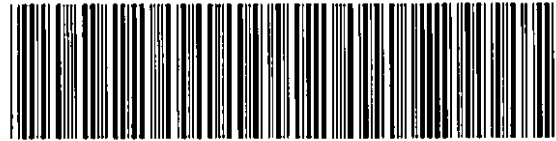
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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500396614395

Revocation
of dissolution

2022 OCT 26 AM 10:19

FILED

10/26/22 --01008-- 003 **100.00

REC'D
2022 OCT 26 AM 10:07
TALLAHASSEE, FLORIDA

A. RAMSEY
OCT 26 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elite orthopedics and Sports Medicine 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:

Deenesh Sahajpal
Contact Person

Elite Orthopedics and Sports Medicine PLLC
Firm/Company

4911 SE 7th Ave
Address

Ocala, FL 34480
City, State and Zip Code

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

For further information concerning this matter, please call:

Deenesh Sahajpal at 860 575-1994
Name of Contact Person Area Code 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

FILED

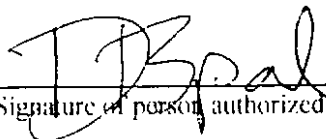
STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY

2022 OCT 26 AM 10:19

10/26/2022

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: Elite Orthopedics and Sports Medicine PLLC
2. The document number of the company is L16000172165
3. The effective date the Dissolution was filed is 8/31/22
4. The revocation of dissolution was authorized on 10/26/22
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
Aug 12, 2022
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:

ELITE ORTHOPEDICS AND SPORTS MEDICINE, PLLC

The document number of the limited liability company: L16000172165

The file date of the articles of organization: September 8, 2016

The effective date of the dissolution if not effective on the date of filing: August 31, 2022

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

HARDSHIPS OF HIRING, STAFFING AND MAINTAINING A BUSINESS DURING COVID PANDEMIC
RESTRICTIONS AND THE CURRENT ECONOMIC ENVIRONMENT.

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

DEENESH SAHAJPAL
3200 SW 34TH AVE SUITE 502
OCALA, FL 34474

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: DEENESH SAHAJPAL

Electronic Signature of authorized person