# 11600186489

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# COVER LETTER

TO: Registration Section Division of Corporat			
<del>-</del>	7 HEALTH TO Name of Limited Liability	O GO LLC ty Company	
The enclosed Statement of Resubmitted for filing.	evocation of Dissolution for Florida	Limited Liability Company and fee(s)	) are
Please return all corresponder	ice concerning this matter to:		
	da forres ontact Person		
9 HEALT	th TO GO LLC	<u>ノ</u>	
8804 Ba	holdress C+		
Orland City,	State and Zip Code	·	
E-mail address: (to be use	TOCCES DY 2V	100 ° (こ M	
For further information conce	Torres at 34	17, 8925265 Code Daytime Telephone Numbe	
STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent	tions	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	# D

Tallahassee, Florida 32301

# 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: 9 HEALTH TO GO LLC
2.	The document number of the company is
ጉ	The effective date the Dissolution was filed is 03/16/2017
3.	
4.	The revocation of dissolution was authorized on
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: \$39.00 (optional)

CR2E132 (10/15)

### FILED Mar 16, 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:

9 HEALTH TO GO LLC

The document number of the limited liability company: L16000186489

The file date of the articles of organization: October 7, 2016

The effective date of the dissolution if not effective on the date of filing: March 17, 2017

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

NO MOVEMENT

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

CACILDA TORRES 8804 BAY VISTA CT ORLANDO, FL 32825

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: CACILDA TORRES

Electronic Signature of authorized person