

L16000231451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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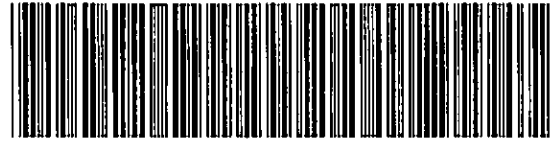
(Business Entity Name)

(Document Number)

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JAN 26 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACME HEALTHCARE MANAGEMENT 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:

ARTHUR BARLAAN

Contact Person

ACME HEALTHCARE MANAGEMENT LLC

Firm/Company

8710 W HILLSBOROUGH AVE, #141

Address

TAMPA, FL 33615-4312 3704

City, State and Zip Code

manager@acmehealthcaremanagement.com

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

For further information concerning this matter, please call:

Arthur Barlaan

at (

813

) 918-0611

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: ACME HEATHCARE MANAGEMENT LLC
2. The document number of the company is L16000231451
3. The effective date the Dissolution was filed is 10/04/2017
4. The revocation of dissolution was authorized on 01/16/2018
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)

ARTICLES OF DISSOLUTION

003 742 .003