

L17000125751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

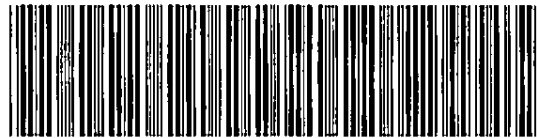
(Business Entity Name)

(Document Number)

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

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2017 NOV 15 PM 2:48  
J. HARRIS

NOV 16 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Better Patient Healthcare 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:

\_\_\_\_\_  
Contact Person

Sam Shatz

\_\_\_\_\_  
Firm/Company

Nationwide RX Advocates LLC

\_\_\_\_\_  
Address

902 Clint Moore Road Suite 124

\_\_\_\_\_  
City, State and Zip Code

sam@nationrx.com

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

For further information concerning this matter, please call:

Sam shatz

at ( 561 ) 504-2120

\_\_\_\_\_  
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

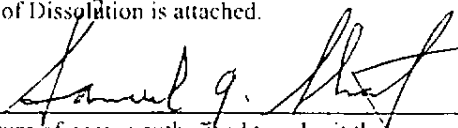
**MAILING ADDRESS:**

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: Better Patient Healthcare "LLC"
2. The document number of the company is L17000125751
3. The effective date the Dissolution was filed is August 7, 2017
4. The revocation of dissolution was authorized on August 7, 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 NOV 15 PM 2:48  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE, FLORIDA

FILED  
Aug 07, 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:

BETTER PATIENT HEALTHCARE "LLC"

The document number of the limited liability company: L17000125751

The file date of the articles of organization: June 8, 2017

The effective date of the dissolution if not effective on the date of filing: August 7, 2017

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

LOSS OF BUSINESS OPPORTUNITY.

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

SAMUEL SHATZ  
9176 RUTLEDGE AVE  
BOCA RATON, FL 33434 UN

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: SAMUEL SHATZ

Electronic Signature of authorized person

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CLERK OF COURT  
CLERK OF COURT