

L17000159417

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000262770 3)))



H170002627703ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

LLC REVOCATION OF DISSOLUTION
HOMESTEAD MEDICAL CENTER LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$100.00

STATE

2017 OCT -5 AM 8:34

TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN

OCT 06 2017

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

17 OCT -5 AM 9:35

FILED

H17000262770

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.

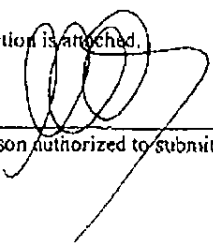
1. The name of the company is: HOMESTEAD MEDICAL CENTER LLC

2. The document number of the company is L17000159417

3. The effective date the Dissolution was filed is 09/28/2017

4. The revocation of dissolution was authorized on 10/03/2017

5. A copy of the Articles of Dissolution is attached.

X 

Signature of person authorized to submit the revocation of dissolution

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

CR2E132 (10/15)

FILED
17 OCT -5 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H17000262770

H 17000262770

FILED
Sep 28, 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:
HOMESTEAD MEDICAL CENTER LLC

The document number of the limited liability company: L17000159417

The file date of the articles of organization: July 25, 2017

The effective date of the dissolution if not effective on the date of filing: September 28, 2017

A description of occurrence that resulted in the limited liability company's dissolution:
BUSINESS OPERATION HAVE STOP, ALL PARTENERS AGREE TO DISOLVE THE LLS

The name and address of the person appointed to wind up the company's activities and affairs:
JESUS CUE
6015 SW 57 AVE, SUITE 222
CORAL GABLE, FL 33143

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: JESUS CUE

Electronic Signature of authorized person

H 17000262770