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Florida Department of State
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To:

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

From:

Account Name : KRAVITZ TALAMO & LEYTON, LLP
Account Number : I20150000096
Phone : (305)558-5300
Fax Number : (305)557-1934

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**LLC REVOCATION OF DISSOLUTION
HOMESTEAD MEDICAL CENTER LLC**

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OCT 13 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Homestead Medical Center, 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:

DANIEL OROZCO

Contact Person

HOMESTEAD MEDICAL CENTER LLC.

Firm/Company

704 WASHINGTON AVENUE

Address

HOMESTEAD, FLORIDA 33030

City, State and Zip Code

dorozco27@aol.com

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

For further information concerning this matter, please call:

Daniel Orozco

at (786) 255-1569

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.

HOMESTEAD MEDICAL CENTER LLC

1. The name of the company is: _____
2. The document number of the company is L17000159417
3. The effective date the Dissolution was filed is 10/9/2017
4. The revocation of dissolution was authorized on 10/1/2017
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)

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