

L17000187597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

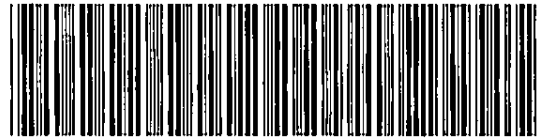
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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10/17/17--01008--006 **100.00

2017 OCT 16 AM 8:16

FALL ALABAMA FLORIDA

Office Use Only

D. C. COTT
OCT 19 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Unique Dental Care Administration, LLC

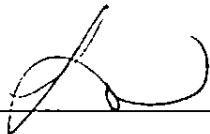
Name of Limited Liability Company

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:

Soraya Concepcion

Contact Person



Firm/Company

2701 Executive Park Dr. Suite 4

Address

Weston, FL 33331

City, State and Zip Code

nunezquintero@hotmail.com

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

For further information concerning this matter, please call:

Soraya Concepcion

at (786)

5640114

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

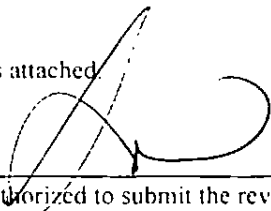
MAILING ADDRESS:

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: Unique Dental Care Administration, LLC
2. The document number of the company is L17000187597
3. The effective date the Dissolution was filed is 09/21/2017
4. The revocation of dissolution was authorized on 10/11/2017
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)