## L18000005894

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Special Instructions to Filing Officer:		
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SEP 1 0 0023		





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### COVER LETTER

	tration Section on of Corporations	
SUBJECT: In	ova Care LLC	
	Name of Limited Liability Co	ompany
The enclosed S submitted for f	statement of Revocation of Dissolution for Florida Lin	nited Liability Company and fee(s) are
Please return a	ll correspondence concerning this matter to:	
Cynthia Davie	s	
	Contact Person	_
Cyndy's Florid	a LLC	
	Firm/Company	*****
8051 N. Tamia	Trail, Ste E6	
	Address	_
Sarasota, FL 3	4243	
	City, State and Zip Code	<del></del>
	vainternational.com or reports@cloudpeaklaw.com	
E-mail add	ress: (to be used for future annual report notification)	<del>_</del>
For further info	ornation concerning this matter, please call:	
Cynthia Davies	at ( <sup>727</sup>	300-0042
Name	o Contact Person Area Code	Daytime Telephone Number
	ing Address:	Street Address:
-	stration Section	Registration Section
	ion of Corporations	Division of Corporations
	Bbx 6327 hassee, FL 32314	The Centre of Tallahassee
т апа.	Hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## 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 na	Inova Care LLC me of the company is:
2.	The do	L18000005894 cument number of the company is
3.	The ef	6/26/2023  fective date the Dissolution was filed is
4.	The re	9/9/2023 vocation of dissolution was authorized on
5.	А сору	of the Articles of Dissolution is attached.
	2	Signature of person authorized to submit the revocation of dissolution
		Filing Fee: \$100.00
		Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

#### 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:

**INOVA CARE LLC** 

The document number of the limited liability company: L18000005894

The file date of the articles of organization: January 8, 2018

The effective date of the dissolution if not effective on the date of filing: June 26, 2023

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

COMPANY REORGANIZATION

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

JOHN 4851 TAMIAMI TRAIL NORTH STE 200 NAPLES, FL 34103

I/we submit this dodument 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 817.1\$5, Florida Statutes.

Signature: JOHN LEBOEUF

Electronic Signature of authorized person

# State of Florida Department of State

I certify from the records of this office that INOVA CARE LLC was a limited liability company organized under the laws of the State of Florida, filed on January 8, 2018, effective January 1, 2018.

The document number of this limited liability company is L18000005894.

I further certify that said limited liability company was voluntarily dissolved on June 26, 2023, effective June 26, 2023.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Twenty Eighth day of June, 2023



Secretary of State

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