# 11800102718

(Re	questor's Name)	<del></del>
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

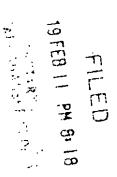
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Revokation Schutin

### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: AZ Therapy LLC		
	Name of Lim	ited Liability Cor	mpany
	nclosed Statement of Revocation of Dissolution ted for filing.	for Florida Limit	ted Liability Company and fee(s) are
Please	return all correspondence concerning this matt	er to:	
Aysle	n Zayas		
	Contact Person		_
AZ TI	nerapy L1.C		
_	Firm/Company		_
1165 (	Cherokee Ave		
	Address		-
Lehig	h Acres, FL 33936		
	City, State and Zip Code		-
	herapy@gmail.com	/	
E-	mail address: (to be used for future annual repo	ort notification)	_
For fur	ther information concerning this matter, please	call:	
Aysle	n Zayas	305 at (	332-2948
	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.	AZ Therapy, LLC The name of the company is:
2.	The document number of the company is
3.	The effective date the Dissolution was filed is
4.	2/1/2019 The revocation of dissolution was authorized on
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 Jan 02, 2019 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:

AZ THERAPY, LLC

The document number of the limited liability company: L18000102718

The file date of the articles of organization: April 24, 2018

The effective date of the dissolution if not effective on the date of filing: January 3, 2019

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

PLEASE CLOSE THIS BUSINESS ACCOUNT. I AM NO LONGER USING THIS ACCOUNT

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

AYSLEN ZAYAS 1165 CHEROKEE AVE LEHIGH ACRES, FL 33936

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: AYSLEN ZAYAS

Electronic Signature of authorized person