

09/26/2018

13:02

3052201448

LAZARUS CORPORATE

PAGE 01/02

L18000200331

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.

((H18000280979 3)))



H180002809793ABCB

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 DISSOLUTION OR WITHDRAWAL
REVIVE MEDICAL CENTER LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

18 SEP 26 PM 1:30
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 SEP 26 AM 4:59

Electronic Filing Menu

Corporate Filing Menu

Help

K SALY
SEP 27 2018

FILED

18 SEP 26 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDAARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Revive medical center LLC

2. The Articles of Organization were filed on
- 8/21/18
- and assigned
-
- document number
- L18 000200331


3. The delayed effective date the dissolution if not effective on the date of filing: _____
-
- (effective date cannot be prior to or more than 90 days later than date document is received for filing)
-
- Note:**
- If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
-
- listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
-
- 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

no longer in business

5. If there are no members, enter the name and address of the person appointed to wind up the company's
-
- activities and affairs: _____
-
- _____
-
- _____
-
- _____

6. Signature of an authorized person or if there are no members, the signature of the person appointed and
-
- listed above to wind up the company's activities and affairs:


SignatureMariela Gonzalez
Printed Name