L18000 212 006

(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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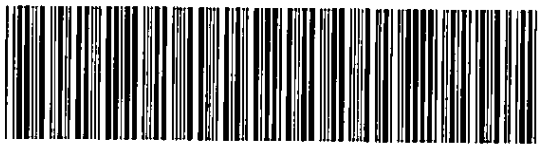

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2019 NOV -6 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARDIOCARE OF JACKSONVILLE 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:

DR. LUCIEN ABBOUD
Contact Person

CARDIOCARE OF JACKSONVILLE LLC
Firm Company

2136 AUTUMN COVE CIRCLE
Address

FLEMING ISLAND, FL 32003
City, State and Zip Code

LUCIENABBOUD@HOTMAIL.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

HAISSAM BARAKAT at 904 , 962-6005
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

CR2L132 (10/15)

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: CardioCare of Jacksonville LLC
2. The document number of the company is L18000212006
3. The effective date the Dissolution was filed is 7/30/2019
4. The revocation of dissolution was authorized on 7/30/2019
5. A copy of the Articles of Dissolution is attached.

10/31/19
Signature of person authorized to submit the revocation of dissolution

FILED
2019 NOV -6 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $100.00
Certified Copy: $30.00 (optional)

CR2E132 (10/15)