

L180000264381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

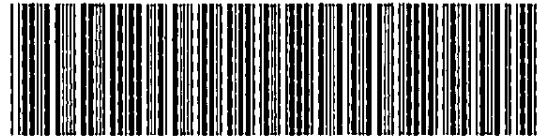
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FEB 21 2021  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** New Face MD Surgery Centers, 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:

Andreina Jativa

Contact Person

New Face MD Surgery Centers, LLC

Firm/Company

14358 Biscayne Blvd

Address

N. Miami Beach FL 33181

City, State and Zip Code

andreinajativa@gmail.com

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

For further information concerning this matter, please call:

Andreina Jativa

at ( 786 ) 5977712

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

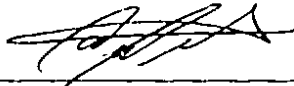
**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: New Face MD Surgery Centers, LLC
2. The document number of the company is L18000264381
3. The effective date the Dissolution was filed is 09/14/2020
4. The revocation of dissolution was authorized on 09/15/2020
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)**

FILED  
Sep 14, 2020  
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:

NEW FACE MD SURGERY CENTERS LLC

The document number of the limited liability company: L18000264381

The file date of the articles of organization: November 13, 2018

The effective date of the dissolution if not effective on the date of filing: September 14, 2020

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

THE PARTNERSHIP WAS DISSOLVED BY MUTUAL AGREEMENT.

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

ANDREINA JATIVA  
14358 BISCAYNE BLVD  
NORTH MIAMI BEACH, FL 33181 US

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: ANDREINA JATIVA

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Electronic Signature of authorized person