

C18000275012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

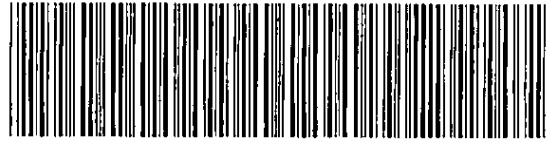
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ELITE CLINICAL SERVICES 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. Jason Watt

\_\_\_\_\_  
Contact Person

ELITE CLINICAL SERVICES LLC

\_\_\_\_\_  
Firm/Company

3601 NW FEDERAL HIGHWAY

\_\_\_\_\_  
Address

JENSEN BEACH, FL 34957

\_\_\_\_\_  
City, State and Zip Code

rajat.verma@cpa.com

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

For further information concerning this matter, please call:

RAJAT VERMA

\_\_\_\_\_  
Name of Contact Person

at (

\_\_\_\_\_)   
Area Code

561-889-5325

\_\_\_\_\_  
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

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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.

- ELITE CLINICAL SERVICES LLC
1. The name of the company is: \_\_\_\_\_
  2. The document number of the company is L18000275012
  3. The effective date the Dissolution was filed is 04/29/2024
  4. The revocation of dissolution was authorized on 4/30/2024
  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)**

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