

L19000103379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

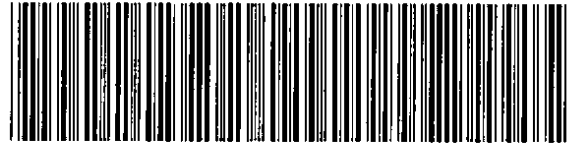
(Document Number)

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AUG 28 2023

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FILED
23 AUG 10 AM 1:22
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXAMINER CARE 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:

GLORIA TAMAYO
Contact Person

[Signature]
Firm/Company

17002 NW 53 CT
Address

MIAMI GARDENS FL 33055
City, State and Zip Code

gloriatamayo9849@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLORIA TAMAYO at (954) 548 9849
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:

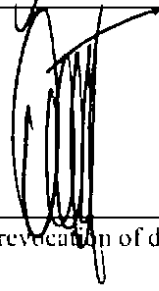
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED
23 AUG 10 AM 1:22
CLERK OF CIRCUIT COURT
JULY 11, 2023
TALLAHASSEE, FLORIDA

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: Examinerz Care LLC
2. The document number of the company is L19000103379
3. The effective date the Dissolution was filed is July 5, 2023
4. The revocation of dissolution was authorized on August 4/2023
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)

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

EXAMINER CARE LLC

2. The Articles of Organization were filed on 4/15/2019 and assigned

document number L19000103379

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 Making Enough Profit

2023 JUL -5 PM 4:01

FILED

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

GLORIA TANAYO

EXAMINER CARE LLC

6/29/2023

17002 NW S3 CT

GT

MIAMI GARDENS FL 33024

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:

Signature

GLORIA TANAYO

Printed Name

FILING FEE: \$25.00