

L19000 175 128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

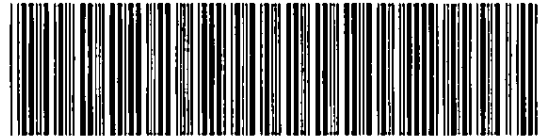
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 FEB 24 PM 3:50
STATE OF ALABAMA
TALLAHASSEE

Gen. Diss

MAR 16 2020
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunray Health 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:

Raymond Papa

Contact Person

Sunray Health Services LLC
Firm/Company

5016 Buchanan Street

Address

Hollywood, Florida, 33021

City, State and Zip Code

raymondpapa411@gmail.com

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

For further information concerning this matter, please call:

Raymond Papa

954

383-4395

at ()

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.

- Sunray Health Services LLC
1. The name of the company is: _____
- L19000175128
2. The document number of the company is _____
- 2/15/20
3. The effective date the Dissolution was filed is _____
- 2/19/20
4. The revocation of dissolution was authorized on _____
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

FILED
2020 FEB 24 PM 3:50
STATE OF FLORIDA
CLERK OF THE COURT

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

FILED
Feb 15, 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:

SUNRAY HEALTH SERVICES LLC

The document number of the limited liability company: L19000175128

The file date of the articles of organization: July 8, 2019

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

I ACCIDENTALLY FILED FOR AN LLC WHEN I SHOULD HAVE FILED FOR AN S CORPORATION

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

RAYMOND PAPA
5016 BUCHANAN STREET
HOLLYWOOD, FL 33021

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: RAYMOND PAPA

Electronic Signature of authorized person