

L19 000176825

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

J DENNIS  
SEP 23 2022

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Palm Beach Ortho Location, 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:

Craig I. Kelley  
\_\_\_\_\_  
Contact Person

Kelley, Fulton, Kaplan & Eller  
\_\_\_\_\_  
Firm/Company

1665 Palm Beach Lakes Boulevard, Suite 1000  
\_\_\_\_\_  
Address

West Palm Beach, FL 33413  
\_\_\_\_\_  
City, State and Zip Code

craig@kelleylawoffice.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig I. Kelley at ( 561 ) 491-1200  
\_\_\_\_\_  
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: Palm Beach Ortho Location, LLC
2. The document number of the company is L19000176825
3. The effective date the Dissolution was filed is 3/29/2022
4. The revocation of dissolution was authorized on 7/24/2022
5. A copy of the Articles of Dissolution is attached.

*Nick Savastano*

NICK SAVASTANO DMD, MS

Signature of person authorized to submit the revocation of dissolution

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