

L19000254213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

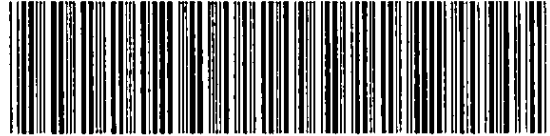
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer

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2024 JUL 17 PM 3:11
TALLAHASSEE, FLORIDA

FILED
2024 JUL 17 AM 10:57
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$100.00

AUTHORIZATION SIGNATURE: _____

Pioneer Health Associates LLC

BUSINESS (Name)

Document #

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

___ Photocopy

___ Certified copies of

___ Certificate of Status

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ **INC**

___ LLP

___ **INC**

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL () _____
Country

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ Conversion

REGISTRATION/QUALIFICATIONS

___ Foreign Filing

___ Limited Partnership

___ **X** ___ Revocation of Dissolution

___ Trademark

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pioneer Health Associates 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:

Rudolph Rice

Contact Person

Firm/Company

1770 NW 127th Way

Address

Coral Springs, FL 33071

City, State and Zip Code

logan987@gmail.com

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

For further information concerning this matter, please call:

Rudolph Rice

at (720) 692-4615

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

FILED

STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY

2024 JUL 17 AM 10: 57

SECRETARY OF STATE
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: Pioneer Health Associates LLC
2. The document number of the company is L19000254213
3. The effective date the Dissolution was filed is 05/24/2023
4. The revocation of dissolution was authorized on 07/17/2024
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)

FILED
May 24, 2023
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:

PIONEER HEALTH ASSOCIATES LLC

The document number of the limited liability company: L19000254213

The file date of the articles of organization: October 16, 2019

The effective date of the dissolution if not effective on the date of filing: May 25, 2023

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

CLOSED AGENCY

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

RUDOLPH RICE
2700 W ATLANTIC BLVD
POMPANO BEACH, FL 33069 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: RUDOLPH RICE

Electronic Signature of authorized person