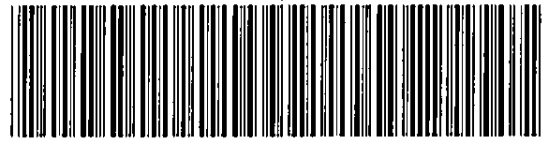


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02/27/24--01014--006 **100.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K A COMPREHENSIVE MEDICAL AND PSYCHIATRIC 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:

ACELISE ALEXIS

Contact Person

K A MEDPSYCH SERVICES

Firm/Company

5700 LAKE WORTH ROAD SUITE 112

Address

GREENACRES FLORIDA 33463

City, State and Zip Code

ADMIN@HELLOKAMEDPSYCH.ORG

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

For further information concerning this matter, please call:

ACELISE ALEXIS

at (561) 283-9247

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.

- K A COMPREHENSIVE MEDICAL AND PSYCHIATRIC SERVICES
1. The name of the company is: _____
- L19000301541
2. The document number of the company is _____
- DECEMBER 21, 2023
3. The effective date the Dissolution was filed is _____
- DECEMBER 23RD, 2023
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

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

CR2E132 (10/15)

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JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA