# L20000211966

| (Req                                    | uestor's Name)  | <del></del> |  |
|---|-----------------|-------------|--|
| (Add                                    | ress)           | <u> </u>    |  |
| (Add                                    | ress)           | _           |  |
| (City)                                  | State/Zip/Phone | #)          |  |
| PICK-UP                                 | WAIT            | MAIL        |  |
| (Busi                                   | ness Entity Nam | ne)         |  |
| (Document Number)                       |                 |             |  |
| Certified Copies                        | Certificates    | of Status   |  |
| Special Instructions to Filing Officer: |                 |             |  |
|   |                 |             |  |
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Office Use Only



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### **COVER LETTER**

| TO: Registration Section Division of Corporations               |   |
|---|---|
| SUBJECT: PELICAN PRIVATE PRACTI                                 | CE LLC  |
|   | ne of Limited Liability Company                                 |
| The enclosed Statement of Revocation of D submitted for filing. | issolution for Florida Limited Liability Company and fee(s) are |
| Please return all correspondence concerning                     | this matter to:   |
| RAMOS, ELAINE M. DR   |   |
| Contact Person  |   |
| PELICAN PRIVATE PRACTICE LLC                                    |   |
| Firm/Company  |   |
| 5380 W 14 AVE   |   |
| Address   | <del></del>   |
| HIALEAH, FL 33012   |   |
| City, State and Zip (   | Code  |
| PELICANPRACTICE@COMCAST.NET                                     |   |
| E-mail address: (to be used for future an                       | inual report notification)                                      |
| For further information concerning this matt                    | er, please call:  |
| RAMOS, ELAINE M, DR   | at ( 305 ) 336-5770   |
| Name of Contact Person  | Area Code Daytime Telephone Number                              |
| Mailing Address:  | Street Address:   |
| Registration Section  | Registration Section  |
| Division of Corporations  | Division of Corporations  |
| P.O. Box 6327   | The Centre of Tallahassee                                       |
| Tallahassee, FL 32314   | 2415 N. Monroe Street, Suite 8<br>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. | PELICAN PRIVATE PRACTICE LLC The name of the company is:               |                           | <u> </u> |
|----|--|---------------------------|----------|
| 2. | L20000211966 The document number of the company is                     |                           |          |
| 3. | 04/26/2021 The effective date the Dissolution was filed is             |                           |          |
| 4. | 08/11/2021 The revocation of dissolution was authorized on             |                           |          |
| 5. | A copy of the Articles of Dissolution is attached.                     | 2021 £                    | 4.5      |
|    | Signature of person authorized to submit the revocation of dissolution | <del>- (5)</del><br>- (8) | poses    |
|    | Filing Fee: \$100.00   | AM 11: 54                 |          |

#### FILED Apr 26, 2021 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:

PELICAN PRIVATE PRACTICE LLC

. . . .

The document number of the limited liability company: L20000211966

The file date of the articles of organization: July 20, 2020

The effective date of the dissolution if not effective on the date of filing: April 26, 2021

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

THE LIMITED LIABILITY COMPANY DID NOT COMMENCE BUSINESS.

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

ELAINE M RAMOS DR 5380 W 14 AVE HIALEAH, FL 33012 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: ELAINE M RAMOS

Electronic Signature of authorized person