

h20000256755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT

MAIL

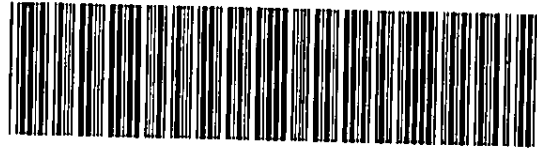
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Revocation of Dissolution EIN # 85-2782523 DOC# 20000256756
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:

Milady Perez
Contact Person

Mily Health Services LLC
Firm/Company

11450 SW 82 Ter
Address

Miami FL 33173
City, State and Zip Code

Lorena1704@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Milady Perez at ()
Name of Contact Person Area Code Daytime Telephone Number

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E132 (10/15)

**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: Uily Health Services LLC
2. The document number of the company is L 20000256755
3. The effective date the Dissolution was filed is 01/6/22
4. The revocation of dissolution was authorized on 04/08/22
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)

FILED
APR 11 2022
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA