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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BYTES SERVICES LLC
Account Number : 120210000149
Phone : (786)600-8004
Fax Number : (305)602-9816

**LLC REVOCATION OF DISSOLUTION
SUNRISE MEDICAL WELLNESS LLC**

Certificate of Status	0
Certified Copy	0
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**CERTIFICATE
OF
REVOCATION OF DISSOLUTION
FOR**

SUNRISE MEDICAL WELLNESS LLC

Name of Florida Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1812, Florida Statutes, this Florida limited partnership or limited liability limited partnership hereby submits this Certificate of Revocation of Dissolution.

FIRST: The effective date of the certificate of dissolution being revoked is:

10/13/2021

SECOND: The revocation of dissolution was authorized in the same manner as the dissolution.

THIRD: The revocation of dissolution was authorized on:

10/13/2021

FOURTH: Attached is a copy of the certificate of dissolution.

FIFTH: Effective date, if other than the date of filing: 12-22-2021
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

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Lino Chape

Virginia Pardinias

Lino Chape

Vardinias

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