Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000198111 3)))



H250001981113ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973 Fax Number : (305)675-5944

> LLC REVOCATION OF DISSOLUTION HEALTHY COMMUNITY CENTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$100.00

3052201440

2025 JUN -3 AM 8: 21

STATEMENT OF REVOCATION OF DISSOLUTION TALLAHASSEE, FLORIDA 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.	HEALTHY COMMUNITY CENTER, LLC The name of the company is:
2.	L20060373872 The document number of the company is
3.	The effective date the Dissolution was filed is
4.	The revocation of dissolution was authorized on 5/30/2025
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 25, 2025 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: HEALTHY COMMUNITY CENTER, LLC

The document number of the limited liability company: L20000373872

The file date of the articles of organization; December 8, 2020

The effective date of the dissolution if not effective on the date of filing: April 26, 2025

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

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

309 SE 2ND TERRACE

CAPE CORAL, FL 33990 UN

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 fellony as provided for in section 817.155, Florida Statutes.

Signature: JEFF GARCIA

Electronic Signature of authorized person