

# L21000213325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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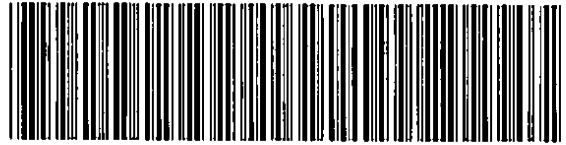
(Business Entity Name)

(Document Number)

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**REVOCATION OF DISSOLUTION**

1. **DAMAYSI JIMENEZ, M.D., PLLC**

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
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\_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Damaysi Jimenez, M.D., PLLC  
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:

Max Adams  
Contact Person

The medilaw firm  
Firm/Company

4929 SW 74<sup>th</sup> CT  
Address

Miami FL 33155  
City, State and Zip Code

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

For further information concerning this matter, please call:

Max Adams at ( 305 ) 444-3484  
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.

1. The name of the company is: Damaysi Jimenez, M.D., PLLC.
2. The document number of the company is L21000213325
3. The effective date the Dissolution was filed is 03/28/2023
4. The revocation of dissolution was authorized on 06/29/2023
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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2023 JUN 29 AM 10:12  
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TALLAHASSEE, FL

**FILED**  
**Mar 28, 2023**  
**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:

DAMAYSI JIMENEZ, M.D., PLLC.

The document number of the limited liability company: L21000213325

The file date of the articles of organization: May 6, 2021

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

NO BUSINESS

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

MAX ADAMS  
4929 SW 74TH CT  
MIAMI, FL 33155

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: **MAX ADAMS**

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Electronic Signature of authorized person