

L21000457545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

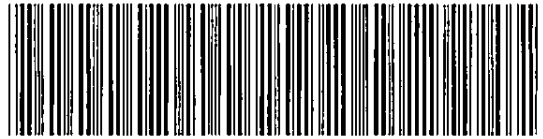
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 SEP 19 AM 11:35

DEPT. OF STATE
TALLAHASSEE, FLORIDA

2024 SEP 19

2024 SEP 19 PM 3:24

TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

(850) 524-5437


2330 CLARE DR

(850) 524-6243

TALLAHASSEE, FL 32309

(850) 491-9625

Please use funds from this account: I20210000160: \$100.00

Authorization Signature: 

Business Name: Advanced Health Insurance Agency LLC

Document# L21000457545

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ CORP

☐ Other

☐ Other

OTHER FILINGS

☐ Apostille

Country

AMMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☒ **Revocation of Dissolution**

☐ Merger

☐ Articles of Conversion

☐ Restated Articles of Incorporation

☐ Statement of Authority

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Annual Report

☐ Fictitious Name

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Health Insurance Agency LLC

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:

Rudolph Rice

Contact Person

Firm/Company

1770 NW 127th Way

Address

Coral Springs, FL 33071

City, State and Zip Code

Logan987@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rudolph Rice

at (720) 692-4615

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

FILED
2024 SEP 19 AM 11:36
TALLAHASSEE, FLORIDA

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: Advanced Health Insurance Agency
2. The document number of the company is L21000457545
3. The effective date the Dissolution was filed is 05/24/2023
4. The revocation of dissolution was authorized on 05/25/2023
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)

FILED
May 24, 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:

ADVANCED HEALTH INSURANCE AGENCY

The document number of the limited liability company: L21000457545

The file date of the articles of organization: October 20, 2021

The effective date of the dissolution if not effective on the date of filing: May 25, 2023

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

CLOSED AGENCY

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

RUDOLPH RICE
2700 W ATLANTIC BLVD
POMPANO BEACH, FL 33065 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: RUDOLPH RICE

Electronic Signature of authorized person