

L22000048339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

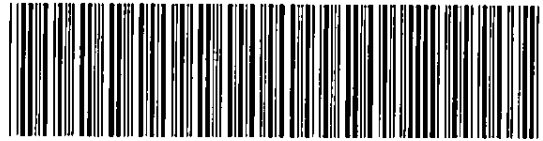
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900420426809

2024 JAN 22 PM 2:58
STATE
SECRET

RECEIVED
2024 JAN 22 PM 2:59
STATE
SECRET

R. HUNT
01/22/24

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

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

Authorization Signature: Sam F. [Signature] :

CLASSIC CHIRO CARE, LLC

L22000048339

BUSINESS NAME

DOCUMENT #

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ CORP

☐ Other

☐ Other

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

OTHER FILINGS

☐ Apostille

☐ Country

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Classic Chiro Care, 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:

Robert Hawk
Contact Person

Classic Chiro Care, LLC
Firm/Company

6100 West Atlantic Blvd
Address

Margate, FL 33063
City, State and Zip Code

Rhawk2664@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Hawk at (561) 260-4996
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

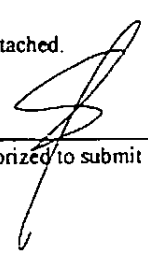
Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2007 11 12 PM 2:59
STATE
TALLAHASSEE, FL

**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: Classic Chiro Care, LLC
2. The document number of the company is ~~1/20/2024~~^{RLT} L220000048339
3. The effective date the Dissolution was filed is 1/20/2024
4. The revocation of dissolution was authorized on 1/21/2024
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)

JAN 22 PM 2:59
CLERK OF STATE
TALLAHASSEE, FL

FILED
Jan 20, 2024
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:

CLASSIC CHIRO CARE LLC

The document number of the limited liability company: L22000048339

The file date of the articles of organization: January 27, 2022

The effective date of the dissolution if not effective on the date of filing: January 20, 2024

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

BUSINESS CLOSURE

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

ROBERT HAWK
107 3RD AVE W, APT 4319
BRADENTON, FL 34205 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: **ROBERT HAWK**

Electronic Signature of authorized person