

L220000096443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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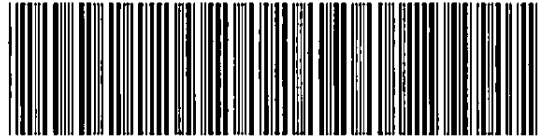
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Institute For Advanced Thoracic Surgery (Document # L22000096443)

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:

Farid Gharagozloo, M.D.

Contact Person

Firm/Company

5092 Isleworth Country Club Drive

Address

Windermere, Florida 34786

City, State and Zip Code

Gharagozloo@aol.com

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

For further information concerning this matter, please call:

Farid Gharagozloo

at (202) 841-7304

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

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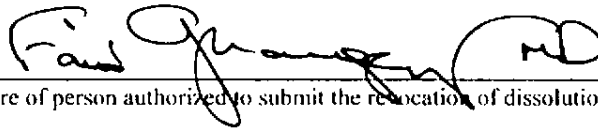
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Institute For Advanced Thoracic Surgery LLC
2. The document number of the company is L22000096443
3. The effective date the Dissolution was filed is 3/12/2024
4. The revocation of dissolution was authorized on 6/4/2024
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)

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

INSTITUTE FOR ADVANCED THORACIC SURGERY

2. The Articles of Organization were filed on 3-8-2022 and assigned

document number L 22 0000 96443

3. The delayed effective date the dissolution if not effective on the date of filing: _____

(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Closing Medical Practice

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

FARID GHARAGOZLOO

5092 ISLEWORTH CIRCLE

WINDERMERE, FL 34786

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Farid Gharagozloo MD
Signature

FARID GHARAGOZLOO
Printed Name

FILING FEE: \$25.00