# L220002.8.121.7

(Address)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL	
(Áddress)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL	
(Áddress)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL	
(Áddress)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL	
(Áddress)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL	
(City/State/Zip/Phone #)	
(City/State/Zip/Phone #)	
(City/State/Zip/Phone #)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL	
PICK-UP WAIT MAIL	
PICK-UP WAIT MAIL	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Sasiness Civity Walle)	
(Document Number)	
Certified Copies Certificates of Status	
,	
Special Instructions to Filing Officer:	
,	

Office Use Only



200398332472

revocation of =

.W. W.W. 71 70 90 € ±6100.00

2022 DEU -2 AM 7: 59

A. RAMSEY
DEC -2 2022

#### **COVER LETTER**

Division of Corporations
SUBJECT: Fatima Chird and Lab Clinic 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:
Immacula Michel Contact Person
Fatima Chiro and Lab Clinic LLC Firm/Company
3355 Lake with Rd Sulte 8, Rdm Springs FC 3346
Falm Springs, FC 3346/ City. State and Zip Code
Fatima Fitcare @ amail (am) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tonong (1/16, Michael un 205, 301-776)

Area Code

#### **Mailing Address:**

Name of Contact Person

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

Daytime Telephone Number

FILEU

2022 DEC -2 AM 8: 25

## STATEMENT OF REVOCATION OF DISSOLUTION FOR 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.

i.	The name of the company is: Fatima Chiro and Labelinic LLC
2.	The document number of the company is $\underline{122000281217}$
3.	The effective date the Dissolution was filed is 1117122
4.	The revocation of dissolution was authorized on 12 122
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)