

# L22000434029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

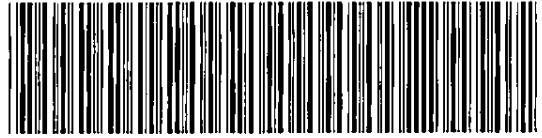
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bold City Orthotics and Prosthetics, 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:

Andrea Dean  
Contact Person

Bold City Orthotics and Prosthetics, LLC  
Firm/Company

1065 Oakvale Road  
Address

St. Johns, FL 32259  
City, State and Zip Code

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

For further information concerning this matter, please call:

Andrea Dean at ( 904 ) 626-4132  
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

STATE OF FLORIDA  
TALLAHASSEE, FL

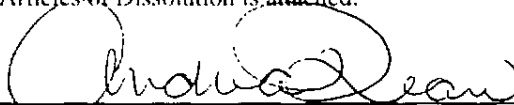
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**STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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: Bold City Orthotics and Prosthetics
2. The document number of the company is L22000434029
3. The effective date the Dissolution was filed is December 13, 2022
4. The revocation of dissolution was authorized on February 13, 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**  
2023 FEB 16 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FL

# *State of Florida*

## *Department of State*

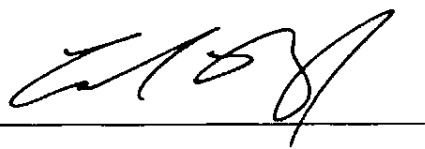
I certify from the records of this office that BOLD CITY ORTHOTICS AND PROSTHETICS, LLC was a limited liability company organized under the laws of the State of Florida, filed on October 7, 2022, effective October 7, 2022.

The document number of this limited liability company is L22000434029.

I further certify that said limited liability company was voluntarily dissolved on December 13, 2022, effective December 13, 2022.

*Given under my hand and the Great Seal of  
Florida, at Tallahassee, the Capital, this the  
Fifteenth day of December, 2022*



  
**Secretary of State**

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