

L23000530979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

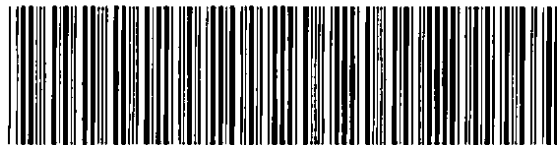
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11/20/23

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Original  
NOV 29 2023

FILED  
2023 NOV 20 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2023

LUC SALVANT  
6421 N FLORIDA AVE 1265  
TAMPA, FL 33604 US

SUBJECT: EZ HEALTH CARE TRANSPORTATION, LLC  
Ref. Number: L22000530979

We have received your document for and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham  
Regulatory Specialist III  
Director's Office

Letter Number: 023A00025068

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EZ Health Care Transportation 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:

Luc Salvant  
Contact Person

EZ Health Care Transportation LLC  
Firm/Company

6421 N Florida ave #1265  
Address

Tampa FL 33604  
City, State and Zip Code

lsalvant123@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luc Salvant at (813) 850-5765  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**

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

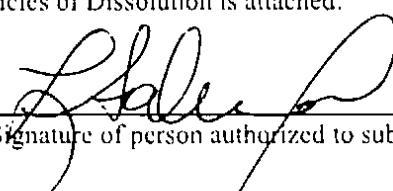
**Street Address:**

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**

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: EZ Health Care Transportation LLC
2. The document number of the company is L22000530979
3. The effective date the Dissolution was filed is 9/14/2023
4. The revocation of dissolution was authorized on 9/14/2023
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 NOV 20 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED  
Sep 14, 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:

EZ HEALTH CARE TRANSPORTATION, LLC

The document number of the limited liability company: L22000530979

The file date of the articles of organization: December 20, 2022

The effective date of the dissolution if not effective on the date of filing: September 14, 2023

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

THE LLC MEMBER HAVE DECIDED TO DISSOLVE THE COMPANY DUE TO NOT BEING ABLE TO  
GET A BROKER AT THIS TIME

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

LUC SALVANT  
6209 ROSECLIFF DR  
TAMPA, FL 33625

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: LUC E SALVANT

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Electronic Signature of authorized person