

L230000 138 70

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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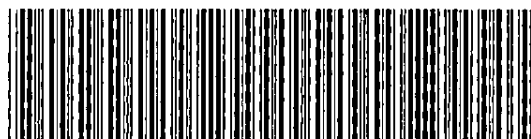
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMAVITA RESEARCH SERVICES, 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:

Pedro Martinez Clark

Contact Person

Amavita Research Services, LLC

Firm/Company

3801 Biscayne Blvd, Suite 110

Address

Miami FL 33137

City, State and Zip Code

martinezclark@amavita.health

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

For further information concerning this matter, please call:

Pedro Martinez Clark

at (786) 703-5941

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: AMAVITA RESEARCH SERVICES, LLC
2. The document number of the company is L23000013870
3. The effective date the Dissolution was filed is 04/15/2024
4. The revocation of dissolution was authorized on 04/17/2024
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)