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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

LLC REVOCATION OF DISSOLUTION ELITE ADVANCE PRACTICE CARE, PLLC

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MAR 0 6 2024 T. LEMIEUX

Fax: 8134365206

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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:
2.	L23000199809 The document number of the company is
3.	The effective date the Dissolution was filed is
4.	The revocation of dissolution was authorized on
5.	A copy of the Articles of Dissolution is attached. Signature of person authorized to submit the revocation or dissolution
	Signature of person authorized to submit the revocation of dissolution

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FILED Jan 03, 2024 Secretary of State Fax: 8134365206

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:

ELITE ADVANCE PRACTICE CARE, PLLC

The document number of the limited liability company: L23000199809

The file date of the articles of organization: April 24, 2023

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

NO LONGER CONDUCTING BUSINESS

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: LAUREL CRESPO

Electronic Signature of authorized person