LZ3000329612

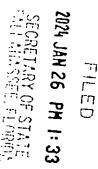
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	Castorian Frances Medical I.I.C		
SUBJI	tci:	mited Liability Co	ompany
	iclosed Statement of Revocation of Dissolutio ted for filing.	n for Florida Lim	ited Liability Company and fee(s) are
Please	return all correspondence concerning this ma	tter to:	
Eugen	ne Veksler		
	Contact Person		_
Factor	ring Express Medical LLC		
•	Firm/Company		_
16001	Collins Ave Suite 3801		
	Address		
Sunny	Isles Beach, FL 33160		
	City, State and Zip Code		_
eugen	e@factoringexpress.com		
E-	mail address: (to be used for future annual re	port notification)	_
For fu	rther information concerning this matter, pleas	se call:	
Euger	ne Veksler	at (422-9480
	Name of Contact Person	Area Code	Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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.	Factoring Express Medica! LLC The name of the company is:
	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. A copy of the Articles of Dissolution is attached. A copy of the Articles of Dissolution is attached.

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

FILED Aug 31, 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:

FACTORING EXPRESS MEDICAL LLC

The document number of the limited liability company: L23000329612

The file date of the articles of organization; July 12, 2023

The effective date of the dissolution if not effective on the date of filing: August 31, 2023

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

NEVER STARTED THE BUSINESS LIKE I WAS PLANNING ON.

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

STEVEN NELSON 603 OSSIPEE TRAIL LIMINGTON MAINE, 04049 US

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: STEVEN NELSON

Electronic Signature of authorized person

MAS NEVER

Authorized

company.

Eugene belæte

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

AFFICLAVIC

To Whom It May Concern,

I am one of the owners of Factoring Express Medical LLC. It was filed on 07/11/23. On 01/24/24, we learned that someone has dissolved our entity. The document that was filed has a name of Steven Nelson. We are not associated with such individual and never tried to dissolve the company.

We did work on a possible partnership with Steven Nitsberg in July of 2023. As we did due diligence and researched him further we noticed a lot of fraud reports. We called off our negotiations on 07/24/23. He could be behind the fraudulent document of Articles of Dissolution.

In any case, we need to reinstate the company as we are finally gained clients and need to show Comerica Bank that the company is in good standing. If possible please put a block or notify the managers of any attempts to interfere with any of our business filings.

Sincerely,

Lagers Waln

Eugene Veksler

Manager

Factoring Express Medical LLC

310-422-9480

eugene@factoringexpress.com

Notary

State of Florida Miami-Dal

Sworn to (or affirmed) and subscribed before me by means

Physical Presence, - OR - Online Notarization,

by Prograte Very 1871

(SEAL)

Personally Known _____OR Produced Identi Type of Identification Produced _____F KATYA YAKUBOVSKY
Notary Public - State of Florida
Commission = HH 091983
My Comm, Expires Feb 11, 2025
Bonded through National Notary Assn.