

L23000355726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

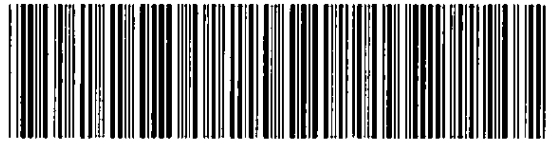
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JUL 22 2024

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06/27/24--01018--026 \*\*130.00

2024 JUL 22 1:03

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARROYO Wellness Center 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:

LETICIA ARROYO  
Contact Person

ARROYO Wellness Center LLC  
Firm/Company

1535 S. Cypress Drive  
Address

Jupiter, FL 33469  
City, State and Zip Code

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

For further information concerning this matter, please call:

LETICIA ARROYO at ( 561 ) 529-6221  
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:**

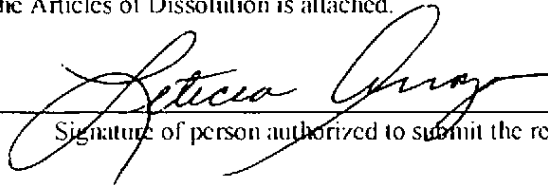
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

2024 JUN 27 PM 1:03

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: Arroyo Wellness Center LLC
2. The document number of the company is L23000358726
3. The effective date the Dissolution was filed is 03/31/24
4. The revocation of dissolution was authorized on 06/26/24
5. A copy of the Articles of Dissolution is attached.

  
\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

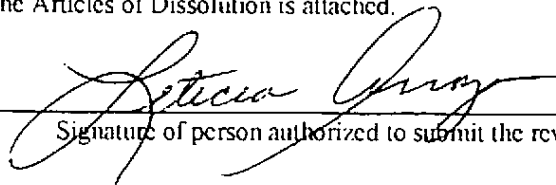
Filing Fee: \$100.00  
Certified Copy: \$30.00 (optional)

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Signature of person authorized to submit the revocation of dissolution

**Filing Fee: \$100.00**  
**Certified Copy: \$30.00 (optional)**