



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GreenBack Billing ~~LLC~~ Services LLC *fg*  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**Fernando Garcia**

(Contact Person)

**Greenback Billing Services LLC**

(Firm/Company)

**11637 NE 8th Ave**

(Address)

**Biscayne Park , FL 33161**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Fernando Garcia**

(Name of Contact Person)

at 305 812-5887

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

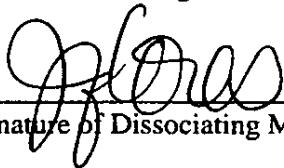
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Greenback Billing Services, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000134272

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/24/16

4. I, Jeannette Flores, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
manager  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

SEP 10 2016  
STATE OF FLORIDA  
COMMISSIONER OF STATE  
LAINASSEE