

L16000134272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

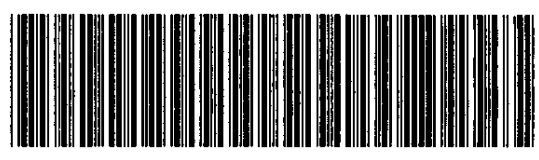
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100289987961

09/09/16--01019--021 **55.00

16 SEP 2016
STATE
EMBASSY, FLORIDA

05/9/12

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 at 305 812-5887
(Name of Contact Person) (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, Jeanette 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.

J Flores
Signature of Dissociating Member or Resigning Manager

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

SEP 16 2016
STATE OF FLORIDA
TALLAHASSEE