

L02000029064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

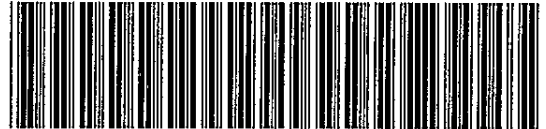
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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CUTLER

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: E.COLLECTMD, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Vocaturo

(Name of Person)

Dynamic MedBill Inc

(Firm/Company)

2513 Coral Trace Place

(Address)

Delray Beach, Florida 33445

(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony Vocaturo

(Name of Person)

at ( 561 )

414-9633

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

### MAILING ADDRESS:

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

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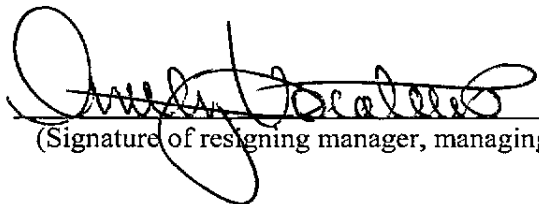
**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Anthony Vocaturo, hereby resign as MGRM  
(Title)

of E.COLLECTMD, LLC,  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,

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

  
(Signature of resigning manager, managing member or member)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

04 NOV 12 AM 8:12

**FILED**

**FILING FEE IS \$25.00**

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**