

L040000008765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 FEB 21 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PHOENIX
PHYSICIANS, LLC

Its Subsidiaries and Affiliates

February 10, 2014

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

Re: Corporate Dissolution: Clarity Billing Solutions, LLC L04000008765

Dear Ms. Secretary:

We are enclosing the original and one copy of the *Articles of Dissolution* for the above-named corporation along with a check in the amount of \$25.00 in payment of the filing fee.

Please return file stamped copy to me at:

3114 Croasdaile Drive
Suite 200
Durham, NC 27705

Do not hesitate to contact me if you need any additional information or there are any questions regarding the enclosed. Thank you for your prompt attention to this matter.

Yours very truly,
PHOENIX PHYSICIANS, LLC

Joann W. Anderson
Paralegal
Enclosures

NORTH CAROLINA

3114 CROASDAILE DRIVE, SUITE 200 • DURHAM, NORTH CAROLINA 27705
TOLL 877-751-1167 MAIL 919-286-9528 FAX 919-309-2709
H:\MAIL\LETTERS\FLORIDA\ss.doc/jwa/2/10/2014

FLORIDA

1501 NW 49TH STREET, SUITE 140 • FORT LAUDERDALE, FLORIDA 33309
TOLL 888-714-0445 TEL 954-714-6300 FAX 954-714-6311

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clarity Billing Solutions, 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:

Joann Anderson

(Name of Person)

Clarity Billing Solutions, LLC

(Firm/Company)

3114 Croasdaile Drive Suite 200

(Address)

Durham, NC 27705

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Joann Anderson

(Name of Person)

at (919)

425-1500

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Clarity Billing Solutions, LLC

2. The Articles of Organization were filed on February 2, 2004 and assigned
document number L04000008765

3. The delayed effective date the dissolution if not effective on the date of filing: upon filing

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Consent of Sole Member

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:

Steven Robert Scott, Manager

3114 Crossdale Dr Suite 200

Durham, NC 27705

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed
above to wind up the company's activities and affairs:



Signature

Printed Name

Steven Robert Scott, Manager

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Steven Robert Scott, Manager

3114 Crossdale Dr Suite 200

Durham, NC 27705

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above to wind up the company's activities and affairs:



Signature

Printed Name

Steven Robert Scott, Manager

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED