

LOS 0000063335

2006 FEB 13 P 3 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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COVER LETTER

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TO: Registration Section  
Division of Corporations

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SUBJECT: CLINICAL MEDICAL CODING ADVISORS  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Maria Eugenia Quintero  
(Name of Person)

Maria E. Quintero  
(Firm/Company)

4145 Cypress Reach Ct. #304  
(Address)

Pompano Beach, FL 33069  
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria E. Quintero at 954, 328-0809  
(Name of Person) (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)

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

FILED

1. The name of a limited liability company is

CLINICAL MEDICAL CODING ADVISORS, LLC

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2. The Articles of Organization were filed on

07-15-2005

and assigned document number

20-3088882

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3. The date the dissolution was approved:

Nov, 1st 2005

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Due to the disaster of Hurricane Wilma the office building where we worked was deemed unsafe and condemned, insuring leaving the company without work.

5. CHECK ONE:

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

☒ There are no suits pending against the company in any court.

-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Maria E. Quintero

MARIA E Quintero

Jose E. Quintero

Jose E. Quintero

Giovanni Quintero

Giovanni Quintero