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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 SEP - 1 PM 3:49

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Precision Medical Billing LLC  
(Name of Limited Liability Company)

06 SEP - 1 PM 3:49  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lynda Coggins  
(Name of Person)

Precision Medical Billing LLC  
(Firm/Company)

3721 Village Estates Place  
(Address)

Tampa, FL 33618  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lynda Coggins at (813) 969-4391  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 2, 2006

LYNDA COGGINS  
3721 VILLAGE ESTATES PLACE  
TAMPA, FL 33618

SUBJECT: PRECISION MEDICAL BILLING LLC  
Ref. Number: L05000089901

FILED  
06 SEP - 1 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for PRECISION MEDICAL BILLING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 406A00048471



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

I, Karen Brafford, hereby resign as managing member  
(Title)  
of Precision Medical Billing 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.

Karen S. Brafford

(Signature of resigning manager, managing member or member)

**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