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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Precision Medical Billing UC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for fi
Please return all correspondence concerning this matter to the following:
Lynda Coggins (Name of Person)
Precision Medical Billing LCC (Firm/Company)
3721 Village Estates Place
Tampa, FL 33618 (City/State and Zip Code)
For further information concerning this matter, please call:
Lynda Coggio S at (813) 969 - 4391 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Callahassee, 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 \$\times \text{CR2E079 (8/05)} \text{S55 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

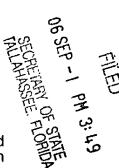
We have received your document for PRECISION MEDICAL BILLING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 resembles
or Precision Medical Billing LLC B. 3
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)

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