15700023035

| (Re | questor's Name) | | |
|---|-------------------|-------------|--|
| (Address) | | | |
| (Ad | dress) | | |
| (Cit | y/State/Zip/Phone | e #) | |
| PICK-UP | MAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



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04/30/08--01031--012 **35.00



G. MCLEOD

JUN - 4 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2008

RIGOBERTO HERNANDEZ 6231 SW 27 STREET MIAMI, FL 33155

SUBJECT: RH MEDICAL BILLING SERVICES LLC

Ref. Number: L07000023035

We have received your document for RH MEDICAL BILLING SERVICES 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) 245-6851.

Gina McLeod Regulatory Specialist II

Letter Number: 708A00029274

COVER LETTER

| | ration Section on of Corporations |
|------------------|---|
| SUBJECT: | RH MEDICAL BILLING SERVICES LLC |
| | (Name of Limited Liability Company) |
| | |
| The enclosed A | rticles of Dissolution and fee(s) are submitted for filing. |
| Please return al | l correspondence concerning this matter to the following: |
| | RIGOBERTO HERNANDEZ (Name of Person) |
| | (Name of Person) |
| | RH MEDICAL BILLING SERVICES LLC (Firm/Company) |
| | (Firm/Company) |
| | 6231 SW 27 STREET (Address) |
| | |
| | Miami, FL 33155 |
| | (City/State and Zip Code) |
| For further info | rmation concerning this matter, please call: |
| Q | GOBERTO HERNANDEZ at (305) 772-3941 |
| <u></u> | (Name of Person) (Name of Person) (Area Code & Daytime Telephone Number) |
| | |
| _ | ck for the following amount: Fee 30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, |
| \$25.00 Filing I | Fee 30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| | MAILING ADDRESS: STREET/COURIER ADDRESS: |
| | Registration Section Registration Section |
| | Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building |
| | Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32301 |

. ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is RH MEDICAL BILLING | SERVICES LLC |
|--|--|
| 2. The Articles of Organization were filed on | ARCH, 01, 2007 and assigned document number |
| 3. The date the dissolution was approved: A PR 4. A description of occurrence that resulted in the limi | ted liability company's dissolution pursuant to section |
| UNABLE to Optain contage | |
| 5. CHECK ONE: | |
| OR-Adequate provision has been made for the | limited liability company have been paid or discharged. debts, obligations and liabilities pursuant to s. 608.4421. uted among its members in accordance with their respective |
| 7. CHECK ONE: There are no suits pending against the company of t | pany in any court. satisfaction of any judgment, order or decree which may be |
| Signatures of the members having the same percentage of | f membership interests necessary to approve the dissolution: |
| Signature | Printed Name ROBOAM AGUIRRE |
| | - TOOOTHIT TOURNE |
| | |
| | |