

LD7000099151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

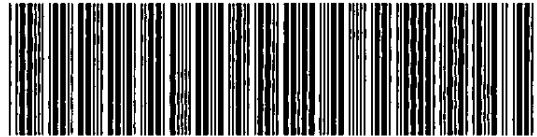
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/16/09--01027--014 **25.00

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09 APR 28 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 28 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEST MED 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:

TAMMY SEQUINOT-SANTIAGO

(Name of Person)

(Firm/Company)

14062 OCEAN PINE CIRCLE

(Address)

ORLANDO, FL 32828

(City/State and Zip Code)

For further information concerning this matter, please call:

TAMMY SANTIAGO

(Name of Person)

at (407) 249-0864

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2009

TAMMY SEQUINOT-SANTIAGO
14062 OCEAN PINE CIRCLE
ORLANDO, FL 32828

SUBJECT: BEST MED BILLING SOLUTIONS, LLC
Ref. Number: L07000099151

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for BEST MED BILLING SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 609A00013005

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

1. The name of a limited liability company is
BEST MED BILLING SOLUTIONS, LLC

2. The Articles of Organization were filed on **SEPTEMBER 21, 2007** and assigned document number
L07000099151

3. The date the dissolution was approved: **11/1/2009**

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).

NO LONGER IN BUSINESS

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.

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

Signature
Tammy Santiago

Printed Name
Tammy Santiago