

LO80000069674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

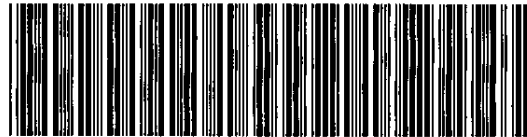
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600263677756

08/28/14--01008--007 **25.00

Resignation of
managing member

FILED
2014 SEP 29 PM 3:06
SECRETARY OF STATE
DALLASSEE, FLORIDA

*00789, 00524, 00671

MR
9/29/14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Medical Accounts Systems, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jorge M. Abril

(Contact Person)

Medical Accounts Systems, LLC

(Firm/Company)

Post Office Box 330638

(Address)

Miami, Florida 33233-0638

(City/State and Zip Code)

For faster information concerning this matter, please call:

Jorge M. Abril

(Name of Contact Person)

at (**305**) **373-0120**

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &

Certified Copy

STREET/COURIER ADDRESS:

~~Registration Section~~

~~Division of Corporations~~

~~State Building~~

~~300 Executive Center Circle~~

~~Tallahassee, Florida 32301~~

MAILING ADDRESS:

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

~~ISSN 0000-0000~~



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2014

Jorge M. Abril
Medical Accounts Systems, LLC
P.O. Box 330638
Miami, FL 33233-0638

SUBJECT: MEDICAL ACCOUNTS SYSTEMS, LLC
Ref. Number: L08000069674

We have received your document for MEDICAL ACCOUNTS SYSTEMS, 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):

Anthony Modafferi should resign as the managing member since he is listed. Please correct the document on line #4 to show Anthony Modafferi instead of Strategic Asset Recovery.

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) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 314A00019100

9.24.14

Please see attached.

Thank you.

RECEIVED
14 SEP 29 PM 1:38
DIVISION OF STATE
CORPORATIONS
FLORIDA

SEP 22 2014

www.sunbiz.org

Division of Corporations, P.O. BOX 6227, Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

2014 SEP 29 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Medical Accounts Systems, LLC

2. The Florida document/registration number of this limited liability company is:
L08000069674

3. The date this member withdrew or will withdraw is: January 20, 2014

4. I, Anthony K. Modafferi, III, hereby resign as a Managing Member
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)