

L0800008T707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

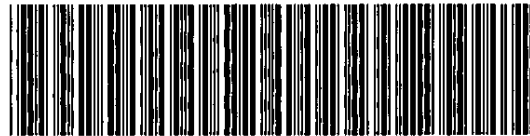
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100299036211

05/16/17--01021--024 **25.00

FILED

2017 MAY 16 PM 2:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 17 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Matrix Billing Services, 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:

Desseree M. Facey

(Name of Person)

Matrix Healthcare Services, Inc.

(Firm/Company)

3111 W Dr Martin Luther King Jr Blvd, Suite 800

(Address)

Tampa, FL 33607

(City/State and Zip Code)

For further information concerning this matter, please call:

Desseree M. Facey

(Name of Person)

at (813) 570-8895

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
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

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

1. The name of a limited liability company is

Matrix Billing Services, LLC

2. The Articles of Organization were filed on 9/15/2008 and assigned

document number L08000087707

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Matrix Healthcare Services, Inc., sole member of Matrix Billing Services, LLC, consents to the voluntary

dissolution of Matrix Billing Services, LLC, as provided under Section 605.0701(2) of the Florida Statutes.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: N/A

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

B. 21
Signature

BETTINA M. DUMAR

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE FLORIDA

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Matrix Billing Services, LLC

Document number of Limited Liability Company is: L08000087707

Date of dissolution was: 5/16/17

Description of information that must be included in a written claim:

The date the claim arose; a detailed summary of the factual basis for the claim;
copies of all documents supporting the claim, the type(s) and amount(s) of relief
sought, and the name and address, and, as applicable, phone number, fax
number, and email address, of the claimant.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Matrix Billing Services, LLC
3111 W Dr Martin Luther King Jr Blvd, #800
Tampa, FL 33607

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TALLAHASSEE FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Desseree M. Facey

Printed Name of the Person Filing



Signature of the Person Filing