

L08000087707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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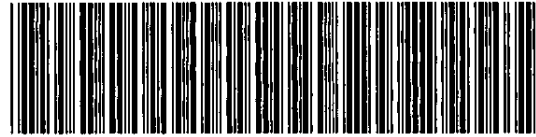
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S Warren

MAY 22 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Matrix Billing Services, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination 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

Tampa, FL 33607

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Desseree M. Facey at (813) 570-8895
Name of Person *Area Code* *Daytime Telephone Number*

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: Matrix Billing Services, LLC

SECOND: The Florida Document number of the limited liability company is: L08000087707

THIRD: The date of filing of the initial articles of organization is: 9/15/2008

FOURTH: The date of filing of the dissolution is: 5/15/2017

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative



Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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