

L09000059045

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(Address)

(Address)

(City/State/Zip/Phone #)

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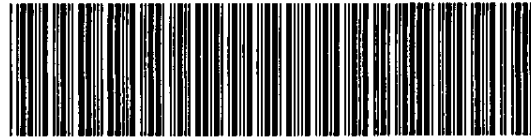
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 22 PM 12:26

T. HAMPTON

6-24-11

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIONAL BILLING, LLC - Dissolution
(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:

LISA M BUCCI

(Name of Person)

NATIONAL BILLING, LLC

(Firm/Company)

8009 Coates Row PL

(Address)

UNIVERSITY PARK, FL 34201

(City/State and Zip Code)

For further information concerning this matter, please call:

LISA BUCCI

(Name of Person)

at (401) 465-1000

(Area Code & Daytime Telephone Number)

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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 AUG 22 PM 12:26

1. The name of a limited liability company is

NATIONAL BILLING, LLC

2. The Articles of Organization were filed on June 17, 2009 and assigned document number

LO9000059045

3. The date the dissolution was approved: AUGUST 1, 2011

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).

INTRODUCED AS AN INVESTMENT PER SIGNED AGREEMENT TO HAVE
3500 CLAIMS PER MONTH. APPROXIMATELY 18 MONTHS LATER STILL ONLY HAD
BETWEEN 300-700 CLAIMS PER MONTH - PUT ME IN A POSITION TO
RETURN TO WORK FOR AN EMPLOYER.

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.

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

Signature

Printed Name

Lisa M Bucci

LISA M BUCCI