

210000018068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

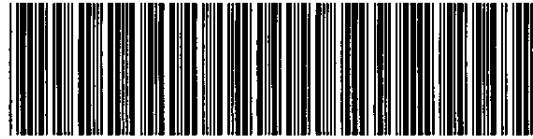
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE

EFFECTIVE DATE 08/31/14

SEP 10 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Med Type Transcription Service, 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:

Terry Lee Greene
(Name of Person)

Med Type Transcription Service, LLC
(Firm/Company)

2500 84th Court
(Address)

Vero Beach, FL 32966
(City/State and Zip Code)

For further information concerning this matter, please call:

Terry Greene at (772, 633-3158)
(Name of Person) (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

CLERK OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

MedType Transcription Service, LLC

2. The Articles of Organization were filed on 02-16-2010 and assigned

document number L100000018068

3. The delayed effective date the dissolution if not effective on the date of filing: 08-31-2014
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

medical records are now being done
electronically in the physician's offices.
My services are no longer needed.

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

Terry Greene, Member
2500 84th Court
Vero Beach, FL 32966

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:

Terry Lee Greene
Signature

Terry Lee Greene
Printed Name

FILING FEE: \$25.00

EFFECTIVE DATE

08/31/14

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CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED