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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Emerald Coast 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:		
Bernard T. Almoite (Name of Person)		
(Firm/Company) 1625 Enternational DC #314		
McLean, VA 22102		
(City/State and Zip Code) For further information concerning this matter, please call:		
Pernord T. Almoite at (619 481-1524 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:		

\$55.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

MAILING ADDRESS:

\$25.00 Filing Fee

30.00 Filing Fee &

Certificate of Status

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

STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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



Emerald Coast Billing Ser	vices	
2. The Articles of Organization were filed on	4/2/10	and assigned document number
3. The date the dissolution was approved:	7/31/10	
4. A description of occurrence that resulted in the 608.441, Florida Statutes, (copy 608.441 on b	e limited liability company's pack cover letter).	s dissolution pursuant to section
The LLC never commen	iced business.	ARY SE
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	<u> </u>	ORIGINAL PROPERTY OF THE PROPE
5. CHECK ONE:		
7. CHECK ONE: There are no suits pending against the OR- Adequate provision has been made for entered against it in any pending suit.	or the satisfaction of any judg	gment, order or decree which may be
gnatures of the members having the same percent	age of membership interests	necessary to approve the dissolution
Signature		Printed Name
B 248A	Berno	rd T. Almoite [1009
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