

L10000071339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

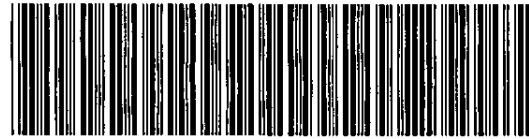
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2013 JUL 19 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL 22 2013

EXAMINED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HEALTHCARE PROVIDER COMPLIANCE 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:

KEITH E. BRYER

(Name of Person)

HEALTHCARE PROVIDER COMPLIANCE LLC.

(Firm/Company)

4338 A. HAZEL AVE.

(Address)

PALM BEACH GARDENS, FL. 33410

(City/State and Zip Code)

For further information concerning this matter, please call:

KEITH BRYER

(Name of Person)

at ( 561 ) 714-3185

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

p \$25.00 Filing Fee

p \$30.00 Filing Fee &  
Certificate of Status

p \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

p \$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

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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

1. The name of a limited liability company is

HEALTHCARE PROVIDER COMPLIANCE LLC.

2. The Articles of Organization were filed on 12/31/12 and assigned document number

L10000071339

3. The date the dissolution was approved: 12/31/12

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).

BUSINESS FAILED TO PRODUCE A PROFIT.

**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. 608.441.

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

KEITH BRYER.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 18, 2013

KEITH E. BRYER  
HEALTHCARE PROVIDER COMPLIANCES, LLC  
4338-A HAZEL AVENUE  
PALM BEACH GARDENS, FL 33410

SUBJECT: HEALTHCARE PROVIDER COMPLIANCE, LLC  
Ref. Number: L10000071339

2013 JUL 19 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

We have received your document for HEALTHCARE PROVIDER COMPLIANCE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 113A00015300