*///000008672

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
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SECRETARY OF STATE

K. SALY EXAMINER

APR - 8 2014

COVER LETTER

TO:		tration Section ion of Corporations					
SUBJE	Assurance Medical Billing, LLC						
SUBJE	·C1	(Name of Limited Liability Company)					
The end	losed A	Articles of Dissolution and fee(s) are submitted	ed for filing.				
Please r	eturn a	Il correspondence concerning this matter to t	he following:				
		Tammy Boland					
		(Nam	e of Person)				
(Firm/Company)							
331 NW Concord Drive							
		·	Address)				
		Port St Lucie, FL 34983					
		(City/Stat	e and Zip Code)				
For furt	her info	ormation concerning this matter, please call:					
	Tan	nmy Boland	772 812-9822				
		(Name of Person)	at () (Area Code & Daytime Telephone Number)				
Enclosed	d is a ch	eck for the following amount:					
✓ \$25.00 Filing Fee and Certificate of Dissolution		Filing Fee and Certificate of Dissolution	\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
		MAILING ADDRESS:	STREET/COURIER ADDRESS:				
Registration Section Division of Corporations			Registration Section Division of Corporations				
		P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314			2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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ALLAHASSEE. FLORIDA

2. The Articles of Organization were filed on January 21, 2011 and assigned document number L11000008672 3. The delayed effective date the dissolution if not effective on the date of filing:	1.	The name of a limited liabil Assurance Medical Bill			TALLAHASSEE, FL		
3. The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for file. 4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). The company and Client decided to end their contract due to business changes. Decided not to continue with business. 5. If there are no members, enter the name and address of the person appointed to wind up the companance of the person appointed to wind up the companance of the person appointed to the person appointed is set of an authorized person or if there are no members, the signature of the person appointed is set of an authorized person or if there are no members, the signature of the person appointed is set of an authorized person or if there are no members, the signature of the person appointed is above to wind up the company's activities and affairs: Tammy Boland Tammy Boland Tammy Boland	2.	The Articles of Organization	n were filed on Januar	y 21, 2011			
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). The company and Client decided to end their contract due to business changes. Decided not to continue with business. 5. If there are no members, enter the name and address of the person appointed to wind up the companance activities and affairs: Tammy Boland 331 NW Concord Dr Port St. Lucie, FL 34983 6. Signature of an authorized person or if there are no members, the signature of the person appointed isted above to wind up the company's activities and affairs: Tammy Boland Tammy Boland		document number L11000	0008672	_			
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Sanany Bolan Tammy Boland			Port St. Lucie, FL 34983				
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FILING FEE: \$25.00