

# L110000008672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2014 APR - 7 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

APR - 8 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Assurance Medical Billing, 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:

Tammy Boland

(Name of Person)

(Firm/Company)

331 NW Concord Drive

(Address)

Port St Lucie, FL 34983

(City/State and Zip Code)

For further information concerning this matter, please call:

Tammy Boland

(Name of Person)

772

812-9822

at ( )

(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

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

**FILED**  
2014 APR -7 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
Assurance Medical Billing, LLC
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: \_\_\_\_\_  
(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).  
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 company's  
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 and  
listed above to wind up the company's activities and affairs:

Tammy Boland  
Signature

Tammy Boland  
Printed Name

**FILING FEE: \$25.00**