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EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

HEALTH 1ST BILLING SOLUTIONS, 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:

Marsha M Robinson

(Name of Person)

HEALTH 1ST BILLING SOLUTIONS, LLC

(Firm/Company)

1103 Golden Lakes Boulevard #1012

(Address)

West Palm Beach, FL 33411

(City/State and Zip Code)

For further information concerning this matter, please call:

Marsha M Robinson

₋₋561

628-8910

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$25.00 Filing Fee

p \$30.00 Filing Fee & Certificate of Status

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

ρ \$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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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mited liability company's dissolution pursuant to section cover letter).
to continue operation.
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me To
e limited liability company have been paid or discharged.
e debts, obligations and liabilities pursuant to s. 608.4421.
ibuted among its members in accordance with their respecti
mpany in any court.
e satisfaction of any judgment, order or decree which may b
of membership interests necessary to approve the dissolution
Printed Name
Marsha M Robinson
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FILING FEE: \$25.00