

L12 0004 15 207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

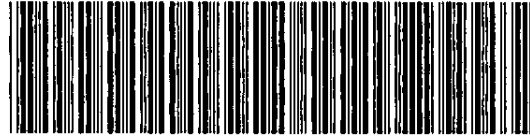
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE DEPT OF STATE
FALL AIDASSHEE FLORIDA

APR 29 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2015

LOURDES CRUZ
PO BOX 530617
DEBARY, FL 32753

SUBJECT: MEDICAL ACCOUNTS RECEIVABLE SOLUTIONS LLC
Ref. Number: L12000115303

We have received your document for MEDICAL ACCOUNTS RECEIVABLE SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 915A00004929

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Accounts Receivable 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:

Lourdes E. Cruz

(Name of Person)

Medical Accounts Receivable Solutions LLC
(Firm/Company)

PO Box 530617

(Address)

DeBary, FL 32753

(City/State and Zip Code)

For further information concerning this matter, please call:

Lourdes E. Cruz

(Name of Person)

at (386) 341-2254

(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**

1. The name of a limited liability company is
Medical Accounts Receivable Solutions LLC
2. The Articles of Organization were filed on 09/12/2012 and assigned
document number L120005303
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).
I am the sole member and wish to dissolve this LLC. I have not use it and I have no
need for it, for this reason I wish to dissolve it.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Lourdes E. Cruz
1232 W. Embassy Drive
Deltona, FL 32725

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:

Lourdes E. Cruz
Signature

Lourdes E. Cruz
Printed Name

FILING FEE: \$25.00

FILED
15 APR 20 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA