

# L13000013183

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

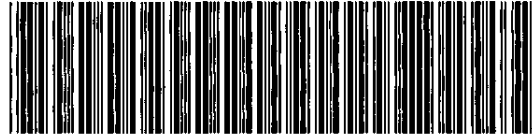
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2016 JAN - 4 PM 12:23  
ALABAMA  
MONTGOMERY

AL COUNCIL JAN - 5 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The POS Coder, 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:

Sharon C. Morikone

(Name of Person)

The POS Coder, LLC

(Firm/Company)

27845 County Road 44-A

(Address)

Eustis, FL 32736

(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon C. Morikone

(Name of Person)

352 483-1597

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

2016 JAN -4 PM 12: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

The POS Coder, LLC

2. The Articles of Organization were filed on January 23, 2013 and assigned

document number L13000013183

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).

Inactivity

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Sharon C. Morikone

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:

Sharon C. Morikone

Signature

Sharon C. Morikone

Printed Name

**FILING FEE: \$25.00**