

L/5000007616

(Requestor's Name)

(Address)

(Address)

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2016 APR 21 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

APR 22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Individual Health Billing Services, 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:

Misty Figlinski

(Name of Person)

Individual Health Billing Services, LLC

(Firm/Company)

3705 Conwick Dr.

(Address)

Southport, FL 32409

(City/State and Zip Code)

For further information concerning this matter, please call:

Misty Figlinski

(Name of Person)

at 850 819-6450

(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 APR 21 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Individual Health Billing Services, LLC

2. The Articles of Organization were filed on January 2, 2015 and assigned
document number L15000007616

3. The delayed effective date the dissolution if not effective on the date of filing: April 30, 2016
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

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 was the only employee of the company, and I took another full time job, which did not allow me time to do the
work.

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

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:

Misty P. Figlinski
Signature

Misty Figlinski
Printed Name

FILING FEE: \$25.00