

L15000019241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

NO

Office Use Only



500278756115

12/10/15--01028--030 **25.00

FILED
2015 DEC 10 PM 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC 14 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 24, 2015

ARC MEDICAL BILLING, LLC
ANDREA JOYCE WAGNER
20960 BLANCA TERRACE
BOCA RATON, FL 33433

SUBJECT: ARC MEDICAL BILLING, LLC
Ref. Number: L15000019241

We have received your document for ARC MEDICAL BILLING, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 415A00024792

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARC MEDICAL BILLING, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ANDREA JOYCE WAGNER

(Contact Person)

ARC MEDICAL BILLING, LLC

(Firm/Company)

20960 BLANCA TERRACE

(Address)

BOCA RATON, FLORIDA 33433

(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREA JOYCE WAGNER

(Name of Contact Person)

at (561) 8521936

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED

2015 DEC 10 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDAFLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: ARC MEDICAL BILLING, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L15000019241

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/01/2015

4. I, COLETTA L DORADO, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER (MGR)(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

CR2E079 (2/14)