

L15000 031 944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

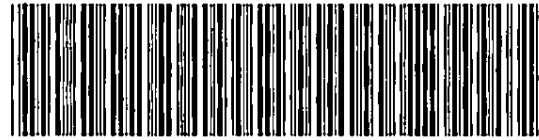
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500336801465

11/12/19--01007--015 \*\*55.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2019 NOV 12 AM 10:40

eff: 11/15/19  
cyc  
Valdis

12/16/19

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Healthcare Billing Partners, 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:

Frank Popoli Jr

(Name of Person)

Healthcare Billing Partners, LLC

(Firm/Company)

2633 NE 14th Ave - Suite 402

(Address)

Wilton Manors, FL 33334

(City/State and Zip Code)

For further information concerning this matter, please call:

Frank Popoli Jr

(Name of Person)

at ( 917 ) 548-3473

(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

Healthcare Billing Partners, LLC

2. The Articles of Organization were filed on February 20, 2015 and assigned

document number L15000031944

3. The delayed effective date the dissolution if not effective on the date of filing: 11/15/2019  
(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.

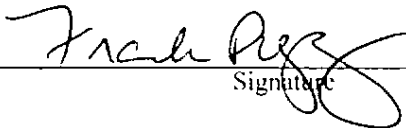
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Company is closing

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE &  
2019 NOV 12 AM 10:40

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

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:

  
Signature

FRANK POPOLI JR  
Printed Name

**FILING FEE: \$25.00**