109000013725

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
TALL AHASSEE, FLORID.

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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 18, 2011

LINDA K. POTERE AVANTAGE BILLING SOLUTIONS 10191 W. SAMPLE RD #207 CORAL SPRINGS, FL 33065

SUBJECT: AVANTAGE BILLING SOLUTIONS, INC.

Ref. Number: P09000013725

We have received your document for AVANTAGE BILLING SOLUTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 911A00006740

COVER LETTER

Division of Corporations
DOCUMENT NUMBER: P090000 13725
DOCUMENT NUMBER: 109000 13725
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LINDA totese (Name of Contact Person)
SRCO (Firm/Company)
8920 Equis Circle
Bornton Beach F633472 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (561) 738-1369 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\times \text{\$43.75 Filing Fee & \$\times \text{\$43.75 Filing Fee & \$\times \text{\$52.50 Filing Fee,} \\ Certificate of Status & \$Certified Copy & Certificate of Status & Certified Copy & Certified Copy & Certified Copy & Certified Copy & (Additional copy is enclosed) & enclosed)
MAILING ADDRESS: STREET ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Avantage Billing Silutions,
SECOND:	The document number of the corporation (if known): Pogoon B 725
THIRD:	The date dissolution was authorized: 02/05/11
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group antitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	Anda K. Polere
	(voting group)
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	1, NA K Btese (Typed or printed name of person signing)
	Ω in ± 100

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: AVANTAGE Billing Solutions
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Dote of occurance
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Boyston Back, FC33P12
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Signature of the Person Filing

Printed Name of the Person Filing