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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

R WHATE JTL 28 TL

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

LLC DISSOLUTION OR WITHDRAWAL IMAGING ALLIANCE, LLC

Certificate of Status	0	
Certified Copy	1	
Page Count	03	
Estimated Charge	\$55.00	

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO:	O: Registration Section Division of Corporations				
SUBJE	IMAGING ALLIANCE, LLC				
30010		1 Liability Company)			
The end	closed Articles of Dissolution and fee(s) are submitte	d for filing.			
Please	return all correspondence concerning this matter to the	ne following:			
	JULES CHATOFF				
	(Name	e of Person)			
	IMAGING ALLIANCE, LLC				
(Firm/Company)					
	3100 NORTH OCEAN BLVD., SUITE 702				
	۹)	address)			
	FT. LAUDERDALE, FL 33308				
	(City/State	e and Zip Code)			
For fur	ther information concerning this matter, please call:				
	Courtney L. Scanlon	at (
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclose	ed is a check for the following amount:				
[☐ \$25.00 Filing Fee and Certificate of Dissolution	S55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
	MAILING ADDRESS:	STREET/COURIER ADDRESS:			
	Registration Section	Registration Section			
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
	Tallahassee FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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i.	The name of a limited liabilit	company is			
	IMAGING ALLIANCE, L	С			
2.	The Articles of Organization	vere filed on 09/19/2000 and assigned			
	document numberL000000	1322			
3.	(effective of Note: If the date inserted in the	the dissolution if not effective on the date of filing: e date cannot be prior to or more than 90 days later than date document is received for filing) this block does not meet the applicable statutory filing requirements, this date will not be ctive date on the Department of State's records.			
4.	A description of occurrence (605.0707, Florida Statutes, (c	at resulted in the limited liability company's dissolution pursupy 605.0707 on back cover letter).	ant to section		
	All of the limited liability co	pany's assets were sold and distributed pursuant to the limite	d liability		
5.		the name and address of the person appointed to wind up the	company's		
activities and affairs:		3100 NORTH OCEAN BLVD., SUITE 702			
		FT. LAUDERDALE, FL 33308			
6. lis	Signature of an authorized posted above to wind up the com	son or if there are no members, the signature of the person ap any's activities and affairs:	pointed and		
	MILLE	JULES CHATOFF	····		
	Signature	Printed Name			

FILING FEE: \$25.00