

L05000085733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

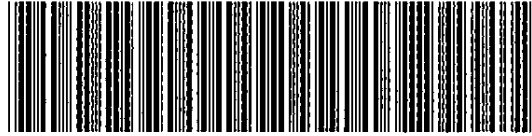
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600159683856

08/24/09--01049--006 \*\*30.00

**FILED**  
09 AUG 24 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Outigan AUG 25 2009

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOLERA HEALTH 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:

Claudio R. Alvarez

(Name of Person)

SOLERA HEALTH SERVICES, LLC

(Firm/Company)

c/o 2151 S. Le Jeune Road, Suite 202

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Claudio R. Alvarez

(Name of Person)

at ( 305 ) 796-7234

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ 30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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**  
09 AUG 24 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. The name of a limited liability company is  
**SOLERA HEALTH SERVICES, LLC**

2. The Articles of Organization were filed on April 27, 2006 and assigned document number  
L05000085733

3. The date the dissolution was approved: July 1, 2009

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
608.441, Florida Statutes, (copy 608.441 on back cover letter).

**Unanimous consent of all members.**

5. **CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

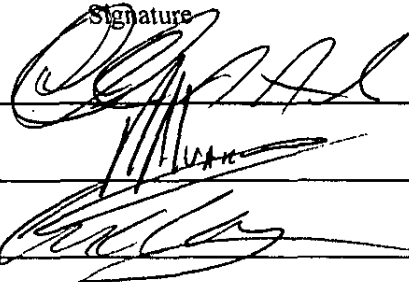
6. All remaining property and assets have been distributed among its members in accordance with their respective  
rights and interests.

7. **CHECK ONE:**

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be  
entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature



Printed Name

Claudio R. Alvarez

Nicolas R. Alvarez

Cristina R. Alvarez