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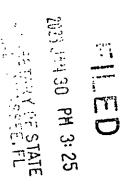
			
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COVER LETTER

Registration Section Division of Corporations

TO:

RESOLVE HEALTH PLAN ADMINISTR	ATORS LLC	
	ited Liability Company)	
ne enclosed Articles of Dissolution and fee(s) are submi	itted for filing.	
ease return all correspondence concerning this matter to	o the following:	
JOEL DUHL		
(Na	(Name of Person)	
RESOLVE HEALTH PLAN ADMINIS	RESOLVE HEALTH PLAN ADMINISTRATORS ELC	
(Fi	(Firm/Company)	
955 PAMELA CIRCLE	955 PAMELA CIRCLE	
	(Address)	
ORMOND BEACH FL 32176	ORMOND BEACH FL 32176	
(City/St	tate and Zip Code)	
r further information concerning this matter, please cal	1:	
JOEL DUHL	386 451-6430 at ()	
(Name of Person)	(Area Code & Daytime Telephone Number)	
closed 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:	Street Address:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY FILED

ŀ.	The name of a limited liability company is	2023 JAN 30 PM 3: 26	
	RESOLVE HEALTH PLAN ADMINISTRATORS LLC	CONTRACTOR OF CYATE	
2.	The Articles of Organization were filed on 03/28/06	TAULT MASSEE, FL and assigned	
	document number L06000033414	<u> </u>	
3.	The delayed effective date the dissolution if not effe (effective date cannot be prior to or mo <u>Note:</u> If the date inserted in this block does not meet the listed as the document's effective date on the Departmen	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 etive date on the Department of State's records.	
4.	A description of occurrence that resulted in the limit 605.0707, Florida Statutes, (copy 605.0707 on back)	ted liability company's dissolution pursuant to section cover letter).	
	UPON THE CONSENT OF ALL MEMBERS OF RESO	LVE HEALTH PLAN ADMINISTRATORS LLC.	
	THE LLC WILL DISSOLVE UPON FILING OF THE A	RTICLES OF DISSOLUTION	
5.	If there are no members, enter the name and address activities and affairs:	s of the person appointed to wind up the company's	
6. ab	Signature of an authorized person or if there are no rove to wind up the company's activities and affairs:	members, the signature of the person appointed and liste	
		JOEL DUHL	
	/ Srgnature	Printed Name	
	// FILING I	FEE: \$25.00	