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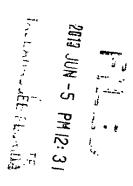
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JUN 06 2013 D. BRUCE

COVER LETTER

TO: Registration Section

Division of Corporations

Comprehensive Debt Advisors 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:

Patricia Button

(Name of Person)

Siler Wealth Management

(Firm/Company)

2180 West State Road 434 Suite 6116

(Address)

Longwood FL 32779

(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Button

<u>.</u>407

831 8002

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$25.00 Filing Fee

ρ \$30.00 Filing Fee & Certificate of Status
 \$55.00 Filing Fee &
 Certified Copy
 (additional copy is enclosed)

p \$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

2. The Articles of Organization were filed on <u>02/24</u> <u>L10000020998</u>	4/2010 and assigned document number	
 3. The date the dissolution was approved: 06/03/2013 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). (c) Unless otherwise provided in the articles of organization or operating agreement, upon the written consent of all of the members of the limited liability company. 		
-OR- Adequate provision has been made for the	e limited liability company have been paid or discharged. e debts, obligations and liabilities pursuant to s. 608.4421. ibuted among its members in accordance with their respective	
rights and interests. 7. CHECK ONE: There are no suits pending against the cor-OR-		
, , , , , , , , , , , , , , , , , , ,	of membership interests necessary to approve the dissolution:	
Signature Signature	Printed Name	

FILING FEE: \$25.00