

L15000 12648

(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



500281908205

02/11/16--01008--007 \*\*25.00

FILED  
16 FEB 11 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Client Support Alliance, 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:

Christine Serra

(Name of Person)

Client Support Alliance, LLC.

(Firm/Company)

2460 SW 137 Avenue Suite 235

(Address)

Miami, Fl. 33175

(City/State and Zip Code)

For further information concerning this matter, please call:

Christine Serra

(Name of Person)

at ( 786 ) 234-9166

(Area Code & Daytime Telephone Number)

Enclosed 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:**

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**

1. The name of a limited liability company is

Client Support Alliance, LLC.

2. The Articles of Organization were filed on 07/27/2015 and assigned

document number L15000126848

3. The delayed effective date the dissolution if not effective on the date of filing: 02/03/2016

(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).


Agency was not approved to open per Florida Medicaid and Agency of Health Care Administration.

5. If there are no members, enter the name and address of the person appointed to wind up the company

activities and affairs:

Christine Serra, MGR 2945 SW 145 Avenue Miami, Fl. 33175

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

Christine Serra

Printed Name

**FILING FEE: \$25.00**

FILED  
16 FEB 11 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA