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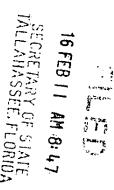
| (Re | equestor's Name) | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | isiness Entity Name) | | | | |
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| Certified Copies | _ Certificates of | Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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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

.,786

234-9166

(Name of Person)

(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 liabilit | ty company is | | | | | |
|-----------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------|----------------------|-----------------------------|------------------|-----|
| | Client Support Alliance, LLC. | | | | | • | |
| 2. | The Articles of Organization | were filed on $\frac{07/27/2}{}$ | 2015 | and assigned | d | | |
| | document number L15000126 | 5848 | | | | | |
| 3. | The delayed effective date the (effective date) Note: If the date inserted in the listed as the document's effective date. | is block does not meet t | he applicable statutory filing | te nocament is fecei | ived for fili is date wi | ng) Il not be | |
| 4. | A description of occurrence t 605.0707, Florida Statutes, (c | hat resulted in the lin | nited liability company's k cover letter). | dissolution purs | suant to s | ection | |
| | Agency was not approved to ope | en per Florida Medicaid | and Agency of Health Care | Administration. | | _ | |
| | | | | | SECRE | 6 FE | |
| | | | | | ASSEE | | -, |
| 5. | If there are no members, ente | er the name and addre | ss of the person appointe | d to wind up the | compan | y 🚾 🖟 | ··· |
| | activities and affairs: | Christine Serra, MGR | 2945 SW 145 Avenue Mi | ami, Fl. 33175 | STATE ORID | 12 H 15 | *** |
| | | | | | <u> </u> | <u> </u> | |
| | | | | | | _ | |
| 6. lis | Signature of an authorized perted above to wind up the com | erson or if there are no pany's activities and | o members, the signature affairs: | of the person ar | opointed : | and | |
| | alles | | Christine Serra | | | | |
| | Signature | | Print | ed Name | | _ | |
| | // | FILING | FEE: \$25.00 | | | | |