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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

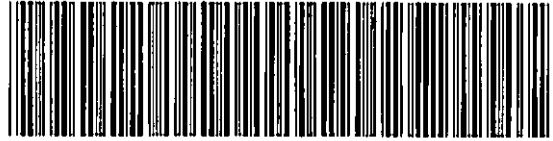
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOV 19 2018

TO: Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FR: Angela Pennington, President
Quality Independence, Inc.
4694 Tamiami Trl Unit B
Pt Charlotte, FL 33980

RE: Dissolution of Quality Independence, LLC

To Whom It May Concern:

Attached are my company's Articles of Dissolution for Quality Independence, LLC and hereby have submitted my Articles of Incorporation for Quality Independence, Inc. (to be a nonprofit corporation) to make a smooth transition for my corporation.

Since we will be operating in a different business structure, but doing the same business under nonprofit guidelines, we will be using the same FEIN (47-5299853) in accordance with our operations with the State of FL under the requirements set by the Developmental Disabilities Medicaid Waiver.

Please expedite the dissolution at the same time as our nonprofit incorporation in accordance with our newly filed Articles with the Division of Corporations. We are also making the IRS aware of this change .

Sincerely,

A handwritten signature in black ink, appearing to read "Angela Pennington", written in a cursive style.

Angela Pennington, President
Quality Independence, Inc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quality Independence, 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:

Angela Pennington

(Name of Person)

Quality Independence, LLC

(Firm/Company)

4694 Tamiami Trl Unit B

(Address)

Pt Charlotte, FL 33980

(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Pennington

(Name of Person)

at (941) 457-9171

(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

Quality Independence, LLC

2. The Articles of Organization were filed on 10/12/2015 and assigned

document number L15000172992

3. The delayed effective date the dissolution is not effective on the date of filing: _____
(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 NOV -2 PM 1:49

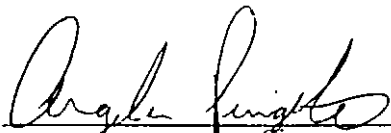
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4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The organization has decided to become a nonprofit 501(c)(3) corporation. As discussed with your office, Since we will be conducting the same business, we will be using the same FEIN with the newly formed nonprofit organization, Quality Independence, Inc. (send in on the same day).

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Angela Pennington 2601 Suncoast Lakes Blvd. Pt Charlotte, FL 33980

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

Angela Pennington

Printed Name

FILING FEE: \$25.00