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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ITMOT/VE L.L.C. (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Torge Besala (Name of Person)
ITMOTIVE LLC (Firm/Company)
9686 Fortainebleau BLVJ. #511
Miami /FL 33172 (City/State and Zip Code)
For further information concerning this matter, please call:
Torge Besadu at (305) 321-7039 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{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

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