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(Re	equestor's Name)	
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SECKETANT OF STATE
TALLAHASSEF F STATE

COVER LETTER

	tration Section ion of Corporations
SUBJECT: _	INNO VATIVE FORMULAS, LLC
_	(Name of Limited Liability Company)
The enclosed	Articles of Dissolution and fee(s) are submitted for filing.
Please return a	Il correspondence concerning this matter to the following:
	CATE DRAZNIN TASE OF JUNE 22 TO THE ASSET OF
	(Name of Person)
	Go Boog HEALTH. Com SET COM (Firm/Company)
	(Firm/Company)
	(Firm/Company) 301 TURNEN St. (Address)
	(Address)
	CUEANWATEN, FC 33756-5326
	(City/State and Zip Code)
For further inf	ormation concerning this matter, please call:
	(Name of Person) at (727) 441- 4954 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
/	eck for the following amount:
\$25.00 Filing	Fee 30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
,	MAILING ADDRESS: STREET/COURIER ADDRESS:
	Registration Section Registration Section
	Division of Corporations Division of Corporations
	P.OBox 6327 Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle
	Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a	limited liability c	ompany is							
/~	NOVATI	ve	Fon	MULAS	; (16			·
2. The Articles of (Organization were		9/2	1200C	<u>/</u> ;	and assign	ned docum	ent numl	oer
3. The date the diss	olution was appr	oved:	5/17	2007	·			,	
4. A description of 608.441, Florida	occurrence that r	esulted in the	limited liabi	lity compar er).	ny's disso	lution pu	rsuant to se	ection	
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DISB.	AND. I	Formul	-AS	SOLD	שד	73-0	THY HUS	HCTH.	Cerv, 11
-OR- Adequat	operty and assets sts. re no suits pendin te provision has b against it in any p	ng against the	company in	any court.					
gnatures of the mem		ame percenta	ge of membe	ership intere	F	Printed Na	AA	dissoft JUN 22 A	on:
Kink	euf			Re	ne p	Leca	FLORIDA	J	
									

FILING FEE: \$25.00