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| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to I | Filing Officer: | | | |
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700254777237

12/30/13--01008--004 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

INNOVELOPMENT, L.L.C.

(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:

| GLENN KARLOV | | | | |
|-----------------------|--|--|--|--|
| (Name of Person) | | | | |
| (Firm/Company) | | | | |
| 321 E CASTLEBURY LANE | | | | |
| . (Address) | | | | |
| APPLETON, WI 54913 | | | | |

(City/State and Zip Code)

For further information concerning this matter, please call:

GLENN KARLOV

.,,920

475-5194

(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 liabili INNOVELOPMENT, I | | | | |
|-----------|--|---|-----------------------------|--|--|
| 2. | The Articles of Organization document numberL0400 | | d assigned | | |
| 3. | . The delayed effective date the dissolution if not effective on the date of filing: N/A | | | | |
| 4. | A description of occurrence 605.0707, Florida Statutes, (d Insolvency | that resulted in the limited liability company's dissolution copy 605.0707 on back cover letter). | ution pursuant to section | | |
| 5. | If there are no members, ente | er the name and address of the person appointed to w | ind up the company's | | |
| | 321 E CASTLEBURY LANE | | | | |
| | | APPLETON, WI 54913 | | | |
| 6. abo | Signature of an authorized pove to wind up the company | erson or if there are no members, the signature of the s activities and affairs: | person appointed and listed | | |
| | Signature | Printed Nar | ne | | |
| | The state of the s | Glenn Karlov | | | |
| | 1431/13 | FILING FEE: \$25.00 | 4.444-2 1001-2 | | |