

L050000/0369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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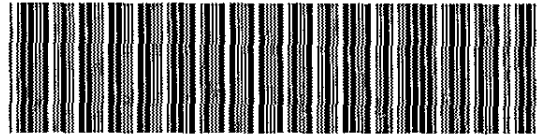
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2006 SEP 14 P 1:02

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTRINSIC INNOVATIONS, 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:

Sara STAUFFER
(Name of Person)

(Firm/Company)

47 1/2 Acacia St
(Address)

Clearwater Beach, FL 33767
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Sara Stauffer at (727) 492-3265
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

INTRINSIC INNOVATIONS LLC

2. The Articles of Organization were filed on 2/01/05 and assigned document number

LO5000010369

3. The date the dissolution was approved: 8/8/06

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

WRITTEN CONSENT OF ALL MEMBERS, CONSISTING
OF ONE MEMBER AS SIGNED BELOW, NOW CONSENTING
AS OF 8/8/06 FOR THE DISSOLUTION OF THE COMPANY.

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.442.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

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TALLAHASSEE, FLORIDA

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature


Printed Name

Sara Stauffer

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L05000010369
FILED 8:00 AM
February 01, 2005
Sec. Of State
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Article I

The name of the Limited Liability Company is:

INTRINSIC INNOVATIONS LLC

Article II

The street address of the principal office of the Limited Liability Company is:

11021 87TH AVE N
SEMINOLE, FL. US 33772

The mailing address of the Limited Liability Company is:

11021 87TH AVE N
SEMINOLE, FL. US 33772

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

MICHELLE L BOWEN
11021 87TH AVE N
SEMINOLE, FL. 33772

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MICHELLE L. BOWEN

Article V

The name and address of managing members/managers are:

Title: MGRM
SARA STAUFFER
11021 87TH AVE N
SEMINOLE, FL. 33772 US

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Article VI

The effective date for this Limited Liability Company shall be:

02/02/2005

Signature of member or an authorized representative of a member

Signature: SARA STAUFFER