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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



TO:

Registration Section

COVER LETTER

SUBJECT: INTELEFFECT 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:

Lee Martinez

(Name of Person)

Harvey Siskind LLP

(Firm/Company)

Four Embarcadero Center, 39th Floor

(Address)

For further information concerning this matter, please call:

San Francisco, CA 94111

Lee Martinez

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Certificate of Status

Certificate of Status & Certified Copy (additional copy is enclosed)

(Area Code & Daytime Telephone Number)

(City/State and Zip Code)

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

The name of a limited liability company is INTELEFFECT LLC	
2. The Articles of Organization were filed on A	April 30, 2009 and assigned document number
3. The date the dissolution was approved: Feb	oruary 18, 2009
4. A description of occurrence that resulted in th 608.441, Florida Statutes, (copy 608.441 on b	ne limited liability company's dissolution pursuant to section
5. CHECK ONE:	,
All debts, obligations and liabilities o	of the limited liability company have been paid or discharged.
. Adequate provision has been made fo	or the debts, obligations and liabilities pursuant to s. 608.4421.
6. All remaining property and assets have been d rights and interests.	distributed among its members in accordance with their respective
7. CHECK ONE:	
<u></u>	
☐ There are no suits pending against the OR- Adequate provision has been made fo entered against it in any pending suit.	or the satisfaction of any judgment, order or decree which may be
natures of the members having the same percenta	age of membership interests necessary to approve the dissolution:
Signature	Printed Name
deco	Aldo Mancini ⇔ →
	CRE LAH!
	ASS
:	-8 PM 5: 00 ARY DF STATE ASSEE, FLORIDA
i	STATE CRID

FILING FEE: \$25.00