(Requestor's Name) (Address)		
(Address)	00015674	
(City/State/Zip/Phone #)	06/30/0901015	
(Business Entity Name)	06/09/0901035	
(Document Number)		
Certified Copies Certificates of Status:		

Special Instructions to Filing Officer:

L. SELLERS

JUL - 2 2009

EXAMINER

Office Use Only



4430

010 **11.25

-007 **43.75

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Inova Solutions II, 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:		
Samuel G. Shatz (Name of Person)		
· · · · · · · · · · · · · · · · · · ·		
ilan Benefit Group, LLC (Firm/Company)		
700 Banyan Trail, Suite 200		
Boca Raton, FL 33431 (City/State and Zip Code)		
(City/state and Zip Code)		
For further information concerning this matter, please call:		
Samuel 6. Shat 7 at (800) 530 - 4226 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount: \$\int_{\text{S55.00 Filing Fee}} \int_{\text{Solonor}} \int_{\text{S00.00 Filing Fee}} \int_{\text{S60.00 Filing Fee}} \int_{\text{S60.00 Filing Fee}} \int_{\text{Certificate of Status}} \int_{\text{Certified Copy}} \text{(additional copy is enclosed)} \int_{\text{Certified Copy}} \text{(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



June 10, 2009

SAMUEL G. SHATZ 700 BANYAN TRAIL, STE. 200 BOCA RATON, FL 33431

SUBJECT: INOVA SOLUTIONS II, LLC

Ref. Number: L08000116806

We have received your document for INOVA SOLUTIONS II, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 209A00019525

Leslie Sellers Regulatory Specialist II



iCan Benefit Group, LLC 700 BANYAN TRAIL, STE 200 BOCA RATON, FL 33431

MAIN :: 800.530.4226 • FAX :: 561.998.2057 • www.iCanbenefit.com

June 18, 2009

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re. Inova Solutions II, LLC

To Whom it May Concern:

We are in receipt of your notice dated June 10, 2009, copy attached, regarding the filing of Inova Solutions II, LLC's dissolution. As you stated in your letter, we erroneously filed a form for dissolution for a Corporation, and submitted a check in the amount of \$43.75 for the costs, instead of a Limited Liability Company. Attached you will find the Articles of Dissolution for a Limited Liability Company along with an additional \$11.25 which is the difference between what we erroneously filed and the actual cost of the filing fee.

In closing, we respectfully request that you update your records to show that an Articles of Dissolution for a Limited Liability Company has been filed for Inova Solutions II, LLC. If you have any questions, feel free to contact our accounting department at: 1-800-530-4226.

Sincerely,

Raquel Howell
Accounting Department

Enc.

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 09 JUL -1 AMII: 59

SECRETARY DE STATE

1. The name of a limited liability company is	TALLAHASSEE FLORIDA
Inova Solutions	<u>H, UC</u>
2. The Articles of Organization were filed on	12/24/08 and assigned document number
3. The date the dissolution was approved:	618/2009
4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co	ver letter).
The members unanimo	ously decided to terminate
the LLC due to the LLC	is unprofitability:
·	
5. CHECK ONE:	
r-OR-	imited liability company have been paid or discharged. lebts, obligations and liabilities pursuant to s. 608.4421.
	ated among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the comp	any in any court
OR	atisfaction of any judgment, order or decree which may be
•	
Signatures of the members having the same percentage of	membership interests necessary to approve the dissolution:
Signature	Printed Name
Jahr Mah	Stephen Tucker
Hand Shat	Harold Shatz