

L09000004/073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

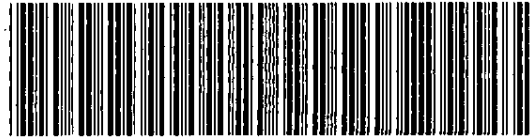
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
**A. LUNT**  
APR - 4 2010  
**EXAMINER**

Office Use Only



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01/31/11--01027--012 \*\*35.00

STATE OF MASSACHUSETTS  
DEPARTMENT OF REVENUE  
TALLAMASSEE, MASSACHUSETTS

2011 APR - 1 PM 3:04

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 4, 2011

JOHN L. INGRANHAM  
2909 DARTMOUTH AVE. N  
ST. PETERSBURG, FL 33713

SUBJECT: INGMAGINE, LLC.  
Ref. Number: L09000041073

We have received your document for INGMAGINE, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 111A00003068

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INGMAGINE 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:

JOHN L. INGRAHAM  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

2909 DARTMOUTH AVENUE  
(Address)

SAINT PETERSBURG, FL 33713  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA  
REGISTRATION SECTION

For further information concerning this matter, please call:

John Ingraham at ( 727 ) 231 4969  
(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

INGMAGINE, LLC

2. The Articles of Organization were filed on 4/28/2009 and assigned document number

LO9000041073

3. The date the dissolution was approved: 12/31/10

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).

✓ CLOSED LLC. BECAUSE OF LACK OF CLIENTS

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CLERK OF COUNTY OF PALM BEACH

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. 608.4421.

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

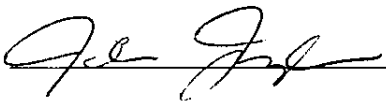
7. CHECK ONE:

- 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.

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

Signature

Printed Name

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

JOHN L. INGRAM  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_