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| (Re                                     | questor's Name)   |             |
|---|-------------------|-------------|
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|   |                   |             |
| (Cit                                    | y/State/Zip/Phone | <i>∓</i> #) |
| PICK-UP                                 | ☐ WAIT            | MAIL        |
|   |                   |             |
| (Bu                                     | siness Entity Nar | ne)         |
|   | cument Number)    |             |
| (50                                     | cument Number)    |             |
| Certified Copies                        | _ Certificates    | s of Status |
|   |                   |             |
| Special Instructions to Filing Officer: |                   |             |
|   |                   |             |
| <b>,</b>                                |                   |             |
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Office Use Only



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ECRETARY OF STATE
N I ALLASSEE ELORIDA

C. LEWIS

JUN -4 2012

EXAMINER

### **COVER LETTER**

| Division of Corporations  |  |  |
|---|--|--|
| SUBJECT: SUPRANEURAL SCIENCES, 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:   |  |  |
|   |  |  |
| RUSSELL ALLEN   |  |  |
| (Name of Person)  |  |  |
| SUPRANEURAL SCIENCES, LLC   |  |  |
| (Firm/Company)  |  |  |
| 3440 HOLLYWOOD BLVD. SUITE 415  |  |  |
| (Address)   |  |  |
| HOLLYWOOD, FL 33021   |  |  |
| (City/State and Zip Code)   |  |  |
| For further information concerning this matter, please call:  |  |  |
| Nevena Silic at (917) 861-1937 (Name of Person) (Area Code & Daytime Telephone Number)  |  |  |
| (Name of Person) (Area Code & Daytime Telephone Number)   |  |  |
| Enclosed is a check for the following amount:   |  |  |
| \$25.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,   |  |  |
| Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status & Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed) |  |  |
| · · · · · · · · · · · · · · · · · · ·   |  |  |

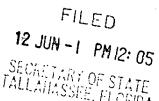
#### MAILING ADDRESS:

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



| The name of a limited liability company is   | THE CATTASSEE, FLORIDA  |
|--|---|
| SUPRANEURAL SCIENCES, LLC  |   |
| 2. The Articles of Organization were filed on June   | e 01, 2010 and assigned document number   |
| ·  | per 31st 2011   |
| 3. The date the dissolution was approved: Decemb   |   |
| <ol> <li>A description of occurrence that resulted in the limit<br/>608 441, Florida Statutes, (copy 608 441 on back co<br/>Company never started to operate.</li> </ol> | ed liability company's dissolution pursuant to section ver letter).   |
| Company never started to operate.  |   |
|  |   |
| 5. CHECK ONE:  |   |
| -OR-   | mited 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.   |
| Adequate provision has been made for the s entered against it in any pending suit.   | atisfaction of any judgment, order or decree which may be   |
| gnatures of the members having the same percentage of  | membership interests necessary to approve the dissolution:  |
| Signature  | Printed Name  |
| Quest 1  | Russell Allen (Empowered Ventures LLC   |
| Galilla pau  | Gallina Panna (ResoWave, LLC)   |
| Dery Mandon  | Terry Manton (ResoWave, LLC)  |
|  | e de la companya de     |
|  |   |