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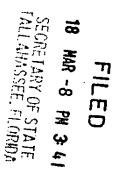
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
		:				

Office Use Only



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K. SALY MAR - 9 2018

COVER LETTER

TO:

Registration Section Division of Corporations

Intellitec Motor Vehicles, 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:

April Caltagirone				
(Name of Person)				
Intellitec Products, LLC				
(Firm/Company)				
1485 Jacobs Road				
(Address)				
Deland, FL 32724				
(City/State and Zip Code)				

For further information concerning this matter, please call:

Ned Schiff
(Name of Person)

at (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

□ \$55.00 Filing Fee, Certificate of Dissolution & 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

FILED

18 MAR -8 PM 3-41

SECRETARY OF STATE
LORION

1.	The name of a limited liabi	• • •	·	ALLAHASSEE, FLOR		
2.	The Articles of Organization	on were filed on July 2	23, 2012	and assigned		
	document number L120000	95351				
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.					
4.	A description of occurrence 605.0707, Florida Statutes,	e that resulted in the li (copy 605.0707 on ba	mited liability company ck cover letter).	's dissolution pursuant to section		
	The company hadn't been prof		•	uary 2018.		
5.	If there are no members, en activities and affairs:	ter the name and addr April Caltagirone	ess of the person appoin	ted to wind up the company's		
		1485 Jacobs Road	•			
		Deland, FL 32724				
6. lis	Signature of an authorized pated above to wind up the con	person or if there are in mpany's activities and	no members, the signature laffairs:	re of the person appointed and		
¥.	In Caltagina	>	April Caltagirone			
•	Signature		Pri	nted Name		

FILING FEE: \$25.00