

L13000105992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 13 2014
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Innevape, 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:

Thomas G. Klingensmith

(Name of Person)

Innevape, LLC

(Firm/Company)

18824 Bascomb Lane

(Address)

Hudson, FL 34667

(City/State and Zip Code)

For further information concerning this matter, please call:

Wendy Klingensmith

(Name of Person)

at (727) 857-5903

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2014

THOMAS G KLINGENSMITH
18824 BASCOMB LN
HUDSON, FL 34667

SUBJECT: INNEVAPE II, LLC
Ref. Number: L13000105992

We have received your document for INNEVAPE II, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 214A00023459

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
INNEVAPE II, LLC.
2. The Articles of Organization were filed on 07/26/2013 and assigned
document number L13000105992
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)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
INNEVAPE II, LLC. HAS BEEN MERGED WITH INNEVAPE, LLC.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: THOMAS G. KLINGENSMITH
18824 BASCOMB LANE

HUDSON, FL 34667
6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:



Signature

THOMAS G. KLINGENSMITH

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA