

L 13000162121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

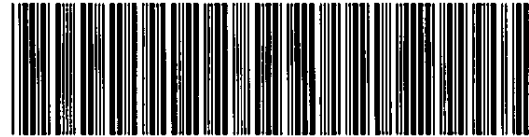
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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08/21/14--01013--021 **25.00

FILED
2014 AUG 21 PM 2:56
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
AUG 25 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVERNESS MARKETING, 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:

DAVID W SMITH
(Name of Person)

(Firm/Company)

5939 PARKVIEW PT. DR.
(Address)

ORLANDO, FL 32821
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID SMITH at (407) 433-4110
(Name of Person) (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

2014 AUG 21 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

INVERNESS MARKETING, LLC

2. The Articles of Organization were filed on 11/19/2013 and assigned

document number L13000162121

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).

LACK OF BUSINESS

BUSINESS DIDN'T MATERIALIZE

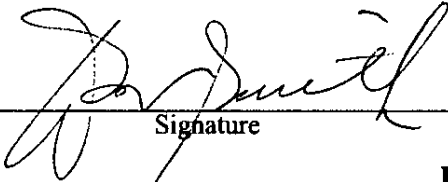
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

DAVID W SMITH

5939 PARKVIEW FT. DR.

ORLANDO, FL 32821

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

DAVID W SMITH
Printed Name

FILING FEE: \$25.00