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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/28/14--01036--004 **25.00

FILED
14 APR 28 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 05 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Innovative plumbing Service 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:

Michael Sharpelletti

(Name of Person)

(Firm/Company)

7061 Rivercrest Drive

(Address)

Jacksonville FL 32226

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Sharpelletti

(Name of Person)

at (904) 316 6655

(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**

1. The name of a limited liability company is

Innovative Plumbing Service LLC

2. The Articles of Organization were filed on Dec 20, 2013 and assigned

document number L13000175553

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).

My professional License was suspended.

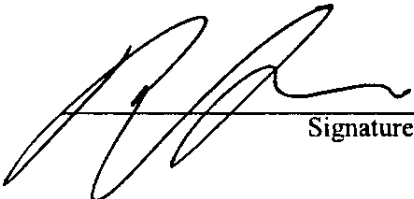
So I am unable to continue.

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

7061 Rivercrest DR.

Jacksonville FL 32226

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

Michael Sharpellett
Printed Name

FILING FEE: \$25.00

14 APR 28 AM 10:41
SECRET
TALLAHASSEE, FLORIDA

FILED