

214 0000 52578

✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

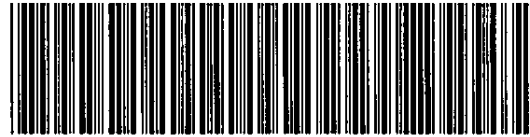
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/27/14--01021--010 **25.00

FILED
14 OCT 27 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13th Nov OCT 28 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Innovative Cooling Solutions 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:

Oswaldo Serrano
(Name of Person)

Innovative Cooling Solutions LLC
(Firm/Company)

6941 Honey Creek Circle
(Address)

Lake Worth, FL 33467
(City/State and Zip Code)

For further information concerning this matter, please call:

Oswaldo Serrano at 786 546-8685
(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

1. The name of a limited liability company is

Innovative Cooling Solutions LLC

2. The Articles of Organization were filed on 3/31/14 and assigned

document number L14000052538

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).

Both owners do not wish to keep
the business open.

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

James Forier
8298 Huntsman Place
Boca Raton, FL 33433
516-359-9588 Cnyarea code

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

James Forier
Signature

James Forier
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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