

L14 000 197065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

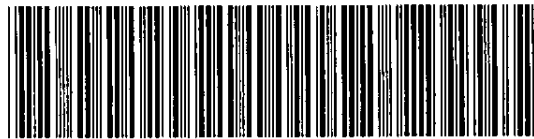
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUL 11 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** InnovzenUSA LLC

**DOCUMENT NUMBER:** L14000197065

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Louise Brubaker  
(Name of Contact Person)

InnovzenUSA LLC  
(Firm/Company)

745 Chase Rd.  
(Address)

West Palm Beach, FL 33415  
(City/State and Zip Code)

For further information concerning this matter, please call:

Louise Brubaker at ( 954 ) 214-9111  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25 Filing Fee	<input type="checkbox"/> \$30 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$60 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
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**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment 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

Innovzen USA LLC

2. The Articles of Organization were filed on 12/31/14 and assigned

document number L14000197065

3. The delayed effective date the dissolution if not effective on the date of filing: 6/20/16  
(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 that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The consent of all members

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

Louise Brube

745 Chase Rd.

West Palm Beach, FL 33411

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:

Louise Brube  
Signature

Louise Brube  
Printed Name

**FILING FEE: \$25.00**

2016-01-08 A 10:13  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**FILED**