

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000167140 3)))



H190001671403ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : E ALEX ORTIZ, CPA, PA
Account Number : T20180000017
Phone : (305)340-2000
Fax Number : (786)953-6246

**LLC DISSOLUTION OR WITHDRAWAL
MARKETINNOVA GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2019 MAY 23 10:30:02

2019 MAY 23 PM 3:33
FILED

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

T GLASS

MAY 24 2019

H190001671403

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MARKETINNOVA GROUP 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:

ALEX ORTIZ

(Name of Person)

E ALEX ORTIZ, CPA, PA

(Firm/Company)

2727 PONCE DE LEON BLVD

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

2019 MAY 23 PM 3:33

APPROVED
AND
FILED

For further information concerning this matter, please call:

ALEX ORTIZ

(Name of Person)

at **305 340-2000**

(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

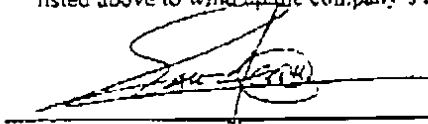
STREET/COURIER ADDRESS:

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
MARKETINNOVA GROUP LLC
2. The Articles of Organization were filed on 10/31/2016 and assigned
document number L16000200156
3. The delayed effective date the dissolution if not effective on the date of filing: 4/30/2019
(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).
(c) Unless otherwise provided in the articles of organization or operating agreement, upon the written consent of
all the members of the limited liability company.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:

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

RAUL SCHOLL

Printed Name

FILING FEE: \$25.00

2019 MAY 23 PM 3:33

APPROVED
AND
FILED