

L16000214177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

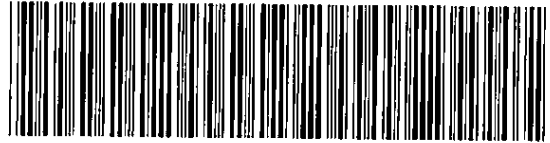
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



900438041389

FILED

2024 NOV -8 AM 10:36

TALLAHASSEE, FLORIDA

RECEIVED

2024 NOV -8 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \_\_\_\$ 25.00\_\_\_

Authorization Signature: *Justin*

**Innovation Product Group LLC L16000214177**

Business Name #Document #

\_\_\_ Walk in

\_\_\_ Will wait

\_\_\_ Certified Copies of the Articles of Incorporation

\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_ Profit  
\_\_\_ Not for Profit  
\_\_\_ LLC  
\_\_\_ Domestication  
\_\_\_ INC  
\_\_\_ CORP  
\_\_\_ OTHER

**AMENDMENTS**

\_\_\_ Amendment  
\_\_\_ Resignation of R.A. Officer/Director  
\_\_\_ Change of Registered Agent  
\_\_\_X\_\_\_ Dissolution/Withdrawal  
\_\_\_ Conversion  
\_\_\_ Statement of FACT  
\_\_\_ Merger

**OTHER FILINGS**

\_\_\_ Annual Report  
\_\_\_ Fictitious Name  
\_\_\_ Statement of Authority  
\_\_\_ APOSTIL \_\_\_\_\_  
                    COUNTRY

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign Filing  
\_\_\_ Partnership  
\_\_\_ Reinstatement  
\_\_\_ CORRECTION for a Foreign LLC  
\_\_\_ Domestication of a Foreign Corp.  
\_\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Innovative Product Group LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Sean Stalter

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

100 South Ashley Drive Suite 600

\_\_\_\_\_  
(Address)

Tampa FL 33903

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sean Stalter

239

9221685

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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