

L17000033087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

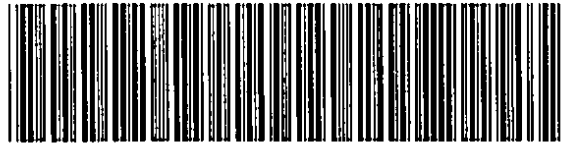
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400301494504

07/20/17--01020--020 \*\*25.00

FILED  
JUL 20 PM 2:58  
17  
TAMPA, FL 33602

D. SCOTT

JUL 25 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INNOVATTIO, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIEGO OROZCO

Name of Person

INNOVATTIO, LLC

Firm/Company

2470 NW 49TH TERRACE

Address

COCONUT CREEK, FL 33063

City/State and Zip Code

admin@innovattio.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIEGO OROZCO

Name of Person

at (954) 3041490

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
JUL 20 PM 2:58  
17



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Innovattio, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L17000033087

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07-12-17

4. I, Jose F. Bastidas, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
17 DEC 20 11 25 AM  
TALLAHASSEE, FLORIDA