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SEC. OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **INNUOVO 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:

JOSE ANTONIO TORRES

(Name of Person)

(Firm/Company)

18321 NW 19th STREET

(Address)

PEMBROKE PINES, FL 33029

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE A TORRES

(Name of Person)

at (**954**) **5138935**

(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

INNUOVO GROUP LLC

2. The Articles of Organization were filed on 07/09/2019 and assigned

document number L19000177387

3. The delayed effective date the dissolution if not effective on the date of filing: 07/10/2019

(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).

PARTNERS RESOLUTION

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:

GUSTAVO CALDERON

Signature

GUSTAVO CALDERON

Printed Name

FILING FEE: \$25.00

2019 NOV 11 AM 10:14
SEC. OF STATE
TALLAHASSEE, FLORIDA

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