

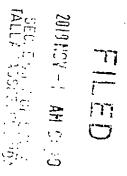
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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

# 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)	<del></del>
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

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	<del></del>
3. The delayed effective date the dissolution if teffective date cannot be prior Note: If the date inserted in this block does not listed as the document's effective date on the De	to or more than 90 days later than date document is received for filing)
<ol> <li>A description of occurrence that resulted in t 605,0707. Florida Statutes, (copy 605,0707 o</li> </ol>	he limited liability company's dissolution pursuant to section n back cover letter).
PARTNERS RESOLUTION	7AL SE
	19.7
5. If there are no members, enter the name and a activities and affairs:	address of the person appointed to wind up the company's
<ul> <li>Signature of an authorized person or if there a isted above to wind up the company's activities</li> </ul>	are no members, the signature of the person appointed and and affairs:
GUATHO (ACTEUM) Signature	GUSTAVO CALDERON
Signature	Printed Name

FILING FEE: \$25.00