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EXAMINER

SECRETARY OF STATE TALL AHASSEE, FLORID

FILED



October 8, 2012-

SHAWN EPLING 2773 VIA CIPRIANI # 1314B CLEARWATER, FL 33764

SUBJECT: INTELLIFAB, LLC Ref. Number: M08000004138

We have received your document for INTELLIFAB, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 812A00024885

RESOLUTION BY MEMBERS TO RENOUNCE AN ALTERNATE NAME IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Ma	anagers and/or Managing Members	
of Intellicon, LLC	, a limited liability	
(Name of Lanned Liability Company)		
company duly organized and existing under the laws of _		
Because the name of this foreign limited liability compan	y now satisfies the requirements of	
s. 608.406, Florida Statutes, the limited liability company	hereby renounces the following	
alternate name in the state of Florida:		
Intellifab LLC (Alternate Name Renounced in S	State of Florida)	
Date: 12-10-12		
Signature(s) of Manager(s) and/or Managing Member(s):		
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	O PH SSEEL	
	F STATE 5	
	ROAT 5	

FILING FEE \$25

Make check payable to Florida Department of State and mail to:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E128 (9/09)