

M23 0000 128 42

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

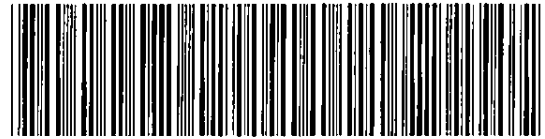
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

8-1-2024

Office Use Only



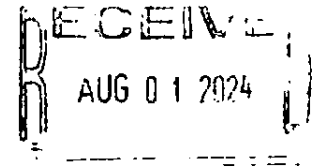
600434826646

05/28/24--01032--016 **25.00

2024 AUG -1 PM 1:33
SECRETARY'S OFFICE
TALLAHASSEE, FL

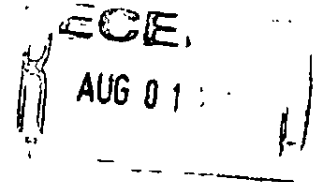


FLORIDA DEPARTMENT OF STATE
Division of Corporations



June 27, 2024

ENRIQUE PEREZ-PARIS
19900E COUNTRY CLUB DRIVE #304
MIAMI, FL 33180



SUBJECT: INNOVATIVE GENOMICS LLC
Ref. Number: M23000012842

We have received your document for INNOVATIVE GENOMICS LLC and your check(s) totaling \$25.00. 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 LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return 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) 245-6050.

SHANTELL BROWN
Regulatory Specialist II

Letter Number: 824A00014157

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Innovative Genomics LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Enrique Perel Paris
(Name of Person)

Innovative Genomics
(Firm/Company)

19900 E. Country Club drive
(Address)

Miami, FL 33180
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (786) 953 0461
(Name of Person) (Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

2024 AUG -1 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FL

100

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Innovative Genomics, LLC

(Name of limited liability company)

Texas

(Jurisdiction of its organization)

10/04/2023

(Date registered with Florida Department of State)

M23000012842

(Florida Document Number)

FILED
2024 AUG -1 PM 1:33
SECRETARY OF STATE
TALLAHASSEE FL

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after 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.



(Signature of authorized representative)

Enrique Pera-Paris

(Typed or printed name of signee)

Filing Fee: \$25.00