

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L10000098220**

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL  
ALUSIMAN SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2016 SEP 29 AM 10:31

TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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D. SCOTT

SEP 30 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alusiman Solutions, 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:

Olivia Pirovano  
(Name of Person)  
c/o The Old Mountain Company  
(Firm/Company)  
1001 North U.S. One, Suite 205  
(Address)  
Jupiter, FL 33477  
(City/State and Zip Code)

For further information concerning this matter, please call:

Olivia Pirovano at ( 914 ) 522-4840  
(Name of Person) (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

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ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
Atusiman Solutions, LLC

2. The Articles of Organization were filed on September 20, 2010 and assigned  
document number L10000098220

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(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).  
The managing member/manager wishes to end the existence of the LLC.

The LLC has no assets or liabilities as of the date hereof.

There are no suits pending against the LLC in any court as of the date hereof.

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Olivia Pirovano

c/o The Old Mountain Company

1001 North US One, Suite 204

Jupiter, FL 33477

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:



Signature

Olivia Pirovano

Printed Name

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILING FEE: \$25.00