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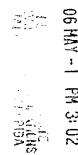
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SECRETARY OF STATE







COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Susanbiz LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan B. Andrews
(Name of Person)
N/A
(Firm/Company)
7708 Proctor Rd.
(Address)
Tallahassee, FL 32309
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Andrews at (850) 668-4658 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & 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 nan	ne of a limite	ed liability co	mpany is		-					
	<u></u>	Sus	anbig	2,6	110	<u> </u>	_			·
	les of Organ	ization were		•			5_ and	l assign e d (document	number
3. The date	the dissolution	on was appro	ved:	May	11,	2006				
4. A descrip 608.441,		rrence that resites, (copy 60				company's	dissolu	tion pursua	int to sect	ion
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5. CHECK	ONE:								יי האור	3 A
D A	all debts, obl	igations and l	iabilities o	of the lim	nited liabi	lity compan	v have i	been paid o	or dischar	Sad.
_	OR-	vision has be				-	•	=		=
6. All remai		y and assets h								
7. CHECK										
		suits pending	against th	e compo	av in any	court				
	OR- Idequate pro	vision has been	en made fo	or the sat			ment, or	rder or decr	ree which	may be
gnatures of the	e members i	naving the sar	ne percent	age of m	embershi	p interests r	iecessai	y to appro	ve the diss	solution:
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