

L08000002321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

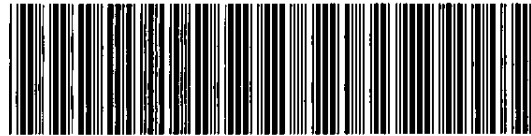
L08-2321

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700190713757

01/13/11--01017--009 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JAN 31 AM 8:47

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALIX IN KB 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:

Alix Boucard  
(Name of Person)  
Alix IN KB, LLC  
(Firm/Company)  
7765 SW 54CT MIAMI FL 33143  
(Address)  
Miami FL 33143  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alix Boucard at ( 786 ) 306 3330  
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 14, 2011

ALIXE BOUCARD  
7765 SW 54 COURT  
MIAMI, FL 33143

SUBJECT: ALIXINKB, LLC  
Ref. Number: L08000002321

We have received your document for ALIXINKB, 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 document must contain the effective date of the limited liability company's dissolution.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 211A00001302

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 JAN 31 AM 8:47

1. The name of a limited liability company is

AUX IN KB, LLC

2. The Articles of Organization were filed on 11/8/08 and assigned document number

LO8000002321

3. The date the dissolution was approved: 01/10/2011

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

I dissolve my LLC Aux in KB because I'm out of money and I need to find another job more profitable.

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

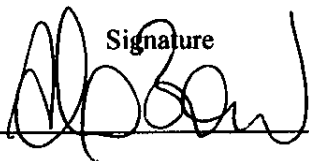
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature



Printed Name

Alixe Boudard