

L10000063015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

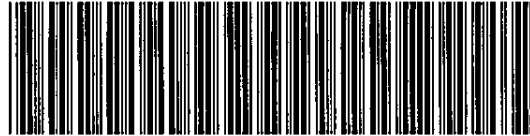
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JAN -5 AM 8:53

C.L.  
1-20-15

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AUSSI INVESTORS, 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:

By: Registration-Ann Genet  
Division of Corporations (Name of Person)

SUBJECT: AUSSI INVESTORS, LLC  
(Firm/Company)

8960 Clairton Ct

(Address)

Las Vegas NV 89117

(City/State and Zip Code)

For further information concerning this matter, please call:

By: Ann Genet at ( 702 ) 838-4995  
(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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

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DIVISION OF CORPORATIONS

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1. The name of a limited liability company is  
AUSSI INVESTORS, LLC

2. The Articles of Organization were filed on 06/14/2010 and assigned  
document number L10000063015

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)

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).  
No longer used - no assets

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Rosemarie Lines  
4705 S Durango Dr 100-A1  
Las Vegas NV 89147

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

Rosemarie Lines  
Printed Name

**FILING FEE: \$25.00**