

L04000062225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

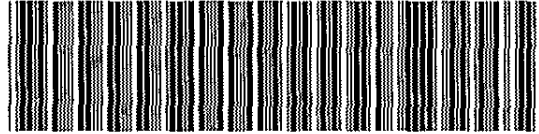
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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2006

BRIDGET A PHILLIPS
4016 MAGUIRE BLVD #3309
ORLANDO, FL 32803

SUBJECT: DESIGN LINES, LLC
Ref. Number: L04000062225

We have received your document for DESIGN LINES, 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):

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.

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 306A00043548

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Design Lines, 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:

Bridget A. Phillips

(Name of Person)

Design Lines, LLC

(Firm/Company)

4016 Maquire Blvd. #3309

(Address)

Orlando, FL 32803

(City/State and Zip Code)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Bridget A. Phillips

(Name of Person)

at (407) 898-1424

(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 name of a limited liability company is

Design Lines, LLC

2. The Articles of Organization were filed on May 1, 2006 and assigned document number _____

3. The date the dissolution was approved: January 1, 2006

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).

Closed independent rep. company per my decision to
no longer work in this job.

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. 608.442

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

Bridget A. Phillips

Bridget A. Phillips

FILING FEE: \$25.00