

0600000 1410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

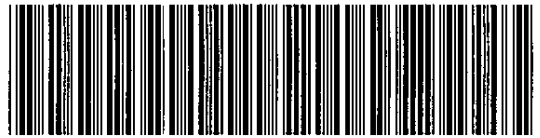
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

789 707 671

Office Use Only



000156557560

06/02/09--01056--005 \*\*25.00

FILED  
2009 JUL -2 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

JUL 6 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 3, 2009

COLYNNER LOWDER  
445 N 700 W.  
NORTH SALT LAKE, UT 84054

SUBJECT: HANDI QUILTER, LLC  
Ref. Number: L06000001410

2009 JUL -2 AM 10:29  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for HANDI QUILTER, LLC and your check totaling \$25.00. However, the enclosed document has not been filed and is returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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  
Regulatory Specialist II

Letter Number: 809A00018618

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Handi Quilter 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:

Colyne Lowder  
(Name of Person)  
Handi Quilter  
(Firm/Company)  
445 N. 700 W.  
(Address)  
North Salt Lake, UT 84054  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JUL -2 AM 10:29

FILED

For further information concerning this matter, please call:

Colyne Lowder at ( 801 ) 292-7988  
(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

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

1. The name of a limited liability company is

Hardi Quilter, LLC

2. The Articles of Organization were filed on 12/30/2005 and assigned document number

LOB000001410

3. The date the dissolution was approved: 12/31/08

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).

no longer doing business

**FILED**  
2009 JUL -29 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

Darren Denning

Printed Name

Darren Denning