W700014593

,		
(Reques	tor's Name)	
(Address	<u> </u>	
(Address	s)	
(City/Sta	te/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Busines	ss Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	

Special Instructions to Filing Officer:

L. SELLERS

MAR -4 2009

EXAMINER

Office Use Only



300141389593

01/20/09--01064--017 **55.00

09 MAR -3 AH 8: 27
SECKLING LINIE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: REDESIGN ON A DIME LLC (Name of Limited Liability Company)		
(Name of Emmed Liability Company)		
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
RHONDA NORDEN		
(Name of Person)		
REDESIGN ON A DIME LLC		
(Firm/Company)		
433 EAST MACEWEN DRIVE		
(Address)		
OSPREY, FLORIDA 34229		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
RHONDA NORDEN at (941) 966-0863		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: STREET/COURIER ADDRESS:		
Registration Section Registration Section		
Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301



January 21, 2009

RHONDA NORDEN 433 E. MACEWEN DRIVE OSPREY, FL 34229

SUBJECT: REDESIGN ON A DIME, LLC

Ref. Number: L07000114593

We have received your document for REDESIGN ON A DIME, LLC and your check(s) totaling \$55.00. 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.

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) 245-6967.

Letter Number: 309A00002237

Leslie Sellers Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee Florida 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILSD

09 MAR -3 AM 8: 27

1 The name of a limited liability company is Repesion Of A Dime	Ē DA
2. The Articles of Organization were filed on and assigned document number	er
3. The date the dissolution was approved:	
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).	
this Business for Financiae Reasons	_
	_
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.	/e
rights and interests. 7. CHECK ONE:	
There are no suits pending against the company in any court.	
Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.	е
ignatures of the members having the same percentage of membership interests necessary to approve the dissolution	n:
Signature Printed Name Rhonda Nordan	
	_
	_