42000018540

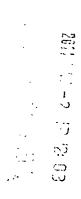
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Na	me)
(Do	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
		ķ

Office Use Only



600258983336

04/17/14--01010--024 **52.50



B. BOSTICK

MAY 1 S 2014

EXAMINAR

COVER LETTER

SUBJECT: SUBJECT: 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:

TO:

Registration Section

(Name of Person)

(Firm/Company)

27 KEY WEST DR

(Address)

(E65BURG FL 34788

For further information concerning this matter, please call:

die mornation concerning this matter, preuse call.

(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

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

Name of Limited Liability Company:_

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

REDUN ENTERARISES ILC

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Document number of Limited Liability Company is: 4/20000 78540			- -,
Date of dissolution was: 18 TUN 2014			
Description of information that must be included in a written claim:			
BUSINESS FAICED DISSOCUED			
			_
			_
			_
- -			_
Mailing address where abine are he area (Claims are made to Piciaire at Com-			
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corpo	rations,)	
27 KEY WEST DR			ι
LEESBURG, FL 34788			، د۔۔ -
		ပ	
			,
		<u></u>	
A claim against the above named limited liability company will be barred unless a proceed claim is commenced within 4 years after the filing of this notice.	ing to e	nforce	the

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00



April 21, 2014

RONALD H. REDLIN 27 KEY WEST DRIVE LEESBURG, FL 34788

SUBJECT: REDLIN ENTERPRISES LLC

Ref. Number: L12000078540

We have received your document for REDLIN ENTERPRISES LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being 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) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 314A00008492