

(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





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10/14/16--01010--006 **25.00

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D. BRUCE OCT 14 2016

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division o	of Corporations	
SUBJECT:	REDESIGN BY DES	IGN UC
	(Name of Limited	Liability Company)
The enclosed Artic	les of Dissolution and fee(s) are submitted	for filing
		-
Please return all co	rrespondence concerning this matter to the	following:
	PHONION MARTINE	
_	RHONDA MARTIN (Name o	of Person)
_	BY DEGIGN REAL E	Company)
	118 WEST LENTER	al avenue
	(Ad	
	WINTER HAVEN,	FL 33880 == = = =
	(City/State a	and Zip Code)
For further informa	ation concerning this matter, please call:	at (863) 289.3586 (Area Code & Daytime Telephone Number)
RHI	DNDA MARTIN	at (863) 289.3586 N
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check f	for the following amount:	
₫ \$25 .00 Fili	ing Fee and Certificate of Dissolution	□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:	STREET/COURIER ADDRESS:
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabil	ty company is
<u>redeg</u>	IGN BY DESIGH LLC
2. The Articles of Organization	were filed on 9 · 2·0 · 13 and assigned
document number L13	200133289
Note: If the date inserted in the	the dissolution if not effective on the date of filing: 10.20.16 date cannot be prior to or more than 90 days later than date document is received for filing) his block does not meet the applicable statutory filing requirements, this date will not be cive date on the Department of State's records.
4. A description of occurrence 605.0707, Florida Statutes, (that resulted in the limited liability company's dissolution pursuant to section copy 605.0707 on back cover letter).
COMPANY NO	LONGER PROFITABLE.
•	·
5. If there are no members, ent	er the name and address of the person appointed to wind up the company's
activities and affairs:	RHONDA MARTIL
	2
	MINTER HAVEN, 12 33884
6. Signature of an authorized plisted above to wind up the con	person or if there are no members, the signature of the person appointed and
a resident	PHONDA MARTIN
Signature	Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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.

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

Name of Limited Liability Company: PEDEGIAN BY DEGIAN UL	
Document number of Limited Liability Company is: L13 000 133289	
Date of dissolution was: 10.20.16	
Description of information that must be included in a written claim:	
ITEM SOLD OR SERVICE PROVIDED. LOUMINH ADONESS.	
DATE OF SERVICE, NAME OF CUSTOMER. CUSTOMER	
RODPESS & TELEPHONE NUMBER. # AMOUNT OF	
TRANSACTION.	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) REDEGIAN BY DESIGN UC 220 RUBY LAKE LANGE WITTER HAVEN, FL 33884	
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.	
Printed Name of the Person Filing Signature of the Person Filing	

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