N10000007922

Robbie Bullack (Requestor's Name)
421 Howard Ave (Address)
(Address)
Lakeland FL 33815 (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
The Sugar Cantel (Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 08/01(23

Office Use Only



700408460927

10.45 2F-0.038-001 *** 3.75

S. CHATHAM AUG - 8 2023

2023 AUS -1 AM 7: 54



July 18, 2023

ROBBIE BULLOCK 421 HOWARD AVE LAKELAND, FL 33815 US

SUBJECT: THE SWAN CENTER INCORPORATED

Ref. Number: N10000007922

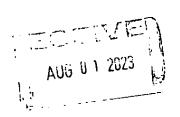
We have received your document for and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Regulatory Specialist III Director's Office

Letter Number: 923A00015892



COVER LETTER

TO: Amendment Section

Division of Corporations			
SUBJECT: 11.550 lation			
DOCUMENT NUMBER: N 1000 000 1922			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Robbie Bullock (Name of Contact Person)			
(Name of Contact Person)			
The Swan Center			
The Swan Penter (Firm/Company)			
421 HOLDARD AUC			
M21 HO10300 AVC (Address)			
Lakeland FL 33815 (City/State and Zin Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Robbie Bullock at (863) 937-9726			
Robbie Bullock at (863) 937-9726 (Name of Contact Person) (Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following amount:			
□\$35 Filing Fee □ \$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Certificate of Status Certified Copy Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)			
Mailing Address: Street Address:			
Amendment Section Amendment Section			
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee			
Tallahassee, Fl. 32314 2415 N. Monroe Street. Suite 810			
Tallahassee, FL 32303			

COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: The same of the same	
DOCUMENT NUMBER: Note of the	, A (2 2
The enclosed Articles of Dissolution and fee an	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Robbie Bullock (Name of Co	
(Name of Co	ontact Person)
The Duan Carter	ompany)
DBA) WALLOW LOND	Page 1
City/State at	nd Zip Code)
For further information concerning this matter.	
Response Dell ock (Name of Contact Person)	at (563) 937-9726
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:	
	Filing Fee & D\$52.50 Filing Fee, Certificate of fied Copy Status & Certified Copy (Additional copy is enclosed)
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street. Suite 810
randidssec, FL 52514	Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403. Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: TMR - 30 (611/2) The document number of the corporation (if known): NICCCOLCT923 SECOND: Adoption of Dissolution THIRD: (COMPLETE SECTION I OR II) SECTION I If the corporation has members entitled to vote: (CHECK/COMPLETE ONE) ☐ The date of meeting of members at which the resolution to dissolve was adopted . The number of votes cast by the members was sufficient for approval. ☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes. SECTION II If the corporation has no members or members entitled to vote on the dissolution: The corporation has no members or members entitled to vote on the dissolution. The number of directors in office was _____ and the vote for resolution was _____ for and _____ against. (Must be a majority vote) Effective date of dissolution, if applicable: **FOURTH** (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Signature: When Chairman of the board, president or other officer- if directors have not been selected, by an incorpora/or- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation: The Swan Contex
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
when corporation's debt to claimant occured?
203
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Her Howard Are Land Fl 33815 = i
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Robine Bullow Right Bullow Printed Name of the Person Filing Signature of the Person Filing