A9400000746

(Requ	estor's Name)	
(Addr	ess)	
(Addro	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nan	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Swin Partners, Ltd (Name of Florida Limited Par	nership or Limited Liability Limited Partnership)
The enclosed Certificate of Dissolution a Please return all correspondence concern Andrew Helgesen, Esq.	
(Contac	et Person)
Andrew Helgesen, P.A.	
(Firm/C	Company)
11380 Prosperity Farms Road, #201	
(Add	ress)
Palm Beach Gardens, FL 33410	
(City, State at	nd Zip Code)
For further information concerning this n	natter, please call:
Andrew Helgesen	at () 622 7755 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amo	
\$52.50 Fiting Fee \$61.25 Fiting Fee and Certificate of Status	\$105.00 Filing Fee, and Certified Copy S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION FOR

Swin Partners, Ltd					
(Name of Florida Limited Partnership of	or Limited Liabilit	y Limited Partnership)			
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on 0573 document number A94000000746 Dissolution.	ted partnership 27/1994	, whose certificate was filed with the, assigned Florida			
FIRST: Reason for dissolution: (State why parti	nership is submitting dissolution)			
No business purpose remains. No assets re	emain.				
SECOND: A Notice of Disso		ed.			
(Check box if a	ittached.)		<u>2-</u> -	₹	
Department of State.)	e than 90 days aji	er the date this accument is jued by the riol	~ ~~	8 JAN -8	
Note: If the date inserted in this block doe not be listed as the document's effective d		plicable statutory filing requirements, this da ment of State's records.	SIAL FLORID	PM -2: 4-9	
Signatures of each general partner or the p	erson appointed p	oursuant to s. 620.1803(3) or (4), F.S.:).»	•	
SWIN PETROLEUM INC	.	Christopher B. Sill, PRES!	, DENT		
CHRISTOPHER K SWINDLE		Christoph X Silly			
					
Filing Fee:	\$52.50 \$52.50				
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75				

NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Description of information that must be included in a claim:	
Creditor name, address and all contact information. Complete description of claim, including an	mount due
services rendered, goods furnished with dates rendered or furnnished. If based on contract, date	of contract.
If based on tort, date of incident and location.	
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of S	itate.)
333 Southern Blvd., Suite 306, West Palm Beach, FL 33405	
	SS
A claim against the above named limited partnership or limited liability limited will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.	partness Arp
The state of the s	

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.

Printed Name