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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

A96000001449

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : THERREL BAISDEN, LLP
Account Number : 120140000065
Phone : (305)371-5758
Fax Number : (305)371-3178

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**DISS/TERM/CANCEL/REV OF LP/LLP
SWAN RUN, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

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TALLAHASSEE, FLORIDA

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SEP 10 2025

H250003231363

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: SWAN RUN, LTD.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Mark Hasner, Esq.

(Contact Person)

Therrel Baisden, LLP

(Firm/Company)

1 SE 3rd Avenue, Suite 2950

(Address)

Miami, FL 33131

(City, State and Zip Code)

For further information concerning this matter, please call:

Mark Hasner

305

371-5758

at (

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 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

H250003231363

**CERTIFICATE OF DISSOLUTION
FOR**

SWAN RUN, LTD.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on November 14, 1996, assigned Florida document number A96000001449, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

All partners voted to dissolve

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

R.S. Group, Inc.

By: [Signature]

Lawrence R. Sorkin, Director

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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