# B190000000006

1	(Requestor's Name)	
(Address)		
(Address)		
	(City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
	(Business Entity Name)	
	(230,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(Document Number)	
'	(Document Namber)	
	0	
Certified Copies	Certificates of Status	
Special Instructions	to Filing Officer:	
Office Use Only		



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 4, 2022

COGENCY GLOBAL INC.

SUBJECT: SW TUSCAN RESERVE LP

Ref. Number: B1900000106

We have received your document for SW TUSCAN RESERVE LP and the authorization to debit your account in the amount of \$105.00. However, the document has not been filed and is being returned for the following:

The part on Notice of Dissolution (Description of information that must be included in a claim) must be completed.

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) 245-6050.

Letter Number: 822A00000207

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	01/24/2022	
	Chris Vick	
	#: <b>1577475</b>	
Entity Nam	e: <b>SW</b> -	TUSCAN RESERVE LP
✓ Artic	cles of Incorporation/Autho	rization to Transact Business
☐ Ame	endment	
☐ Cha	nge of Agent	
Reir	nstatement "	PLEASE RETAIN ORIGINAL SUBMISSION DATE***
☐ Con	version	
☐ Mer	ger	
Diss	olution/Withdrawal	
Ficti	tious Name	
✓ Othe	erC	ERTIFIED COPY UPON FILING
Authorized	Amount: / \$105.0	<u>00´</u>

#### CERTIFICATE OF DISSOLUTION **FOR**

### SW Tuscan Reserve LP

(Name of Florida Limited Partnership of	r Limited Liability Limited Partnership)		
partnership or limited liability limit the Florida Department of State on			
assigned Florida document number of Dissolution.	B1900000106, hereby submits this Certificate		
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)		
Entity no longe	er active or conducting business.		
SECOND: A Notice of Dissolution is attached.  (Check box if attached.)			
Department of State.)	re than 90 days after the date this document is filed by the Florida,		
Note: If the date inserted in this block doe not be listed as the document's effective di	es not meet the applicable statutory filing requirements, this date will late on the Department of State's records.		
not be listed as the document 3 effective to	10 mm   12		
Signatures of each general partner or the p	person appointed pursuant to s. 620.1803(3) or (4), F.S		
SW Tuscan Reserve GP LLC			
<del></del>			
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50		
Certificate of Status (optional):	\$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.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:  SW Tuscan Reserve LP		
Description of information that must be in	cluded in a claim:	
Entity is no longer active or conducti	ng business in the state of Florida.	
Mailing address where claims can be sent:	(Claims cannot be sent to the Florida Department of State.)	
360 Central A	venue, Suite 1130	
	St. Petersburg, FL 3370	
A claim against the above named limited parties a proceeding to enfort years after the filing of the notice.	partnership or limited liability limited partnership ree the claim is commenced within	
Signature of a general partner or a principa	al of the successor entity:	
Patrick Richard		
Printed Name	Signature	

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