

H81410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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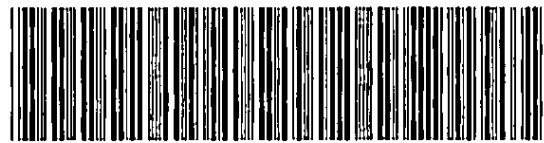
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TH 5/26/21

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Southwest Retirement Home \_\_\_\_\_

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed *Articles of Revocation of Dissolution* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Go

\_\_\_\_\_  
Name of Contact Person

Southwest Retirement Home

\_\_\_\_\_  
Firm/Company

3207 SW 42nd Place

\_\_\_\_\_  
Address

Gainesville, FL 32608

\_\_\_\_\_  
City/State and Zip Code

swretirementhome@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Go

At ( 708 ) 846-1213

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☒ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Southwest Retirement Home

SECOND: The document number of the corporation (if known): \_\_\_\_\_

THIRD: The date dissolution was authorized: 3/16/2021

Effective date of dissolution if applicable: 3/16/2021  
(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.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature: \_\_\_\_\_

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Jennifer Go

(Typed or printed name of person signing)

Vice President

(Title of person signing)

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21 MAR 29 AM 8:01  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$35**