L04000002668

(Requestor's Name)	····	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT M	1AIL	
(Business Entity Name)	• :	
(Document Number)		
Certified Copies : Certificates of Status _	:	
Special Instructions to Filing Officer:		

Office Use Only

G. MCLEOD

JUL 21 2009

EXAMINER



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07/20/09--01022--021 **25.00

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COVER LETTER

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1. The name of a limited liability company is	
S.W. Florida De	velopment CCC
1	and assigned document number
3. The date the dissolution was approved: $4-30$	-09
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back coverage)	d liability company's dissolution pursuant to section er letter).
5, CHECK ONE:	
	nited liability company have been paid or discharged. bts, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distribute rights and interests.	ed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compa	ny in any court.
	tisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of n	nembership interests necessary to approve the dissolution:
Signature	Printed Name
Ma	James M. HANSON
	,