

LOG 000016604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

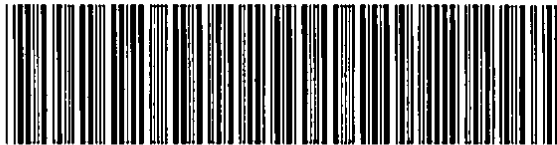
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900302285649

08/11/17--01008--006 \*\*25.00

2017 AUG 11 P 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

D BRUCE  
AUG 14 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: S. W. Florida Land Nineteen, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

W. Michael Kerver

(Name of Person)

S. W. Florida Land Nineteen, LLC

(Firm/Company)

11220 Metro Pkwy, Ste 27

(Address)

Fort Myers, FL 33966

(City/State and Zip Code)

For further information concerning this matter, please call:

W. Michael Kerver

(Name of Person)

239

939-9996

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

### 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

2017 AUG 11 P 12:49  
SECRETARY of STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

S. W. Florida Land Nineteen, LLC

2. The Articles of Organization were filed on February 15, 2006 and assigned

document number 1.06000016604

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**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.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Written Consent of all the Members. All debts, obligations and liabilities of the Company have been paid or

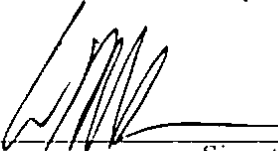
discharged. All remaining property and assets have been distributed among the Company Members

in accordance with their respective rights and interests.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

FILED  
2017 AUG 11 PM 2:49  
CLERK OF COUNTY OF FLORIDA  
TALLAHASSEE, FLORIDA



Signature

W. Michael Kerver, Vice President

Printed Name

**FILING FEE: \$25.00**