L-040000023958

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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M. MILLIGAN EXAMINER

APR 2 3 2015



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2015

ELISABETH ANDERSON 1157 WESTLAKE BLVD. NAPLES, FL 34103

SUBJECT: SOUTHWEST FLORIDA EMPLOYER'S ASSOCIATION, LLC

Ref. Number: L07000023958

We have received your document for SOUTHWEST FLORIDA EMPLOYER'S ASSOCIATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by an authorized person or if there are no members, the signature of the person appointed and listed to wind up the company's activities and affairs.

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) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 715A00006013

RYICES COUNTRY COUNTRY

COVER LETTER

Division o	of Corporations	
SUBJECT:	Southwest Florida Employers Associ	ation
	(Name of Limited Liability Company)	110
		ــــــــــــــــــــــــــــــــــــــ
The enclosed Artic	icles of Dissolution and fee(s) are submitted for filing.	
Please return all co	correspondence concerning this matter to the following:	
	Elisabeth Anderson	
_	(Name of Person)	
	(Firm/Company)	
*****	1157 WesHake Blod. (Address) Noples Fr 34203	
	(Address)	
_	Noples Fr 34203	
	(City/State and Zip Code)	
For further informa	nation concerning this matter, please call:	
_ E	=1/Sabeth Anderson at (339) 285 4777 (Area Code & Daytime Telephone Number)	
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check if	for the following amount:	
\$25.00 Fili	iling Fee and Certificate of Dissolution \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
	MAILING ADDRESS. STREET/COUDIED ADDRESS.	

MAILING ADDRESS:

TO:

Registration Section

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

. The name of a limited liability company is Southwest	Florida Employers Associa	tion
	3/5/2007 and assigned	
document number	_58	
. The delayed effective date the dissolution if not effect (effective date cannot be prior to or more	ctive on the date of filing:	
. A description of occurrence that resulted in the limite 605.0707, Florida Statutes, (copy 605.0707 on back co	ed liability company's dissolution pursuant to section cover letter).	
This business model	I worked before the internel	þ
became a primar	y resource for employers.	
The model is no.	longer effective or relevas	7
. If there are no members, enter the name and address of	of the person appointed to wind up the company's	
activities and affairs:	sabeth Anderson	
//	157 Westlake Blub.	
N	lapses FL 34103	
. Signature of an authorized person or if there are no misted above to wind up the company's activities and affa	nembers, the signature of the person appointed and airs:	
EAR	Elisabeth Anderson	
v		
FILING FE	EE: \$25.00	
	The Articles of Organization were filed on document number	The Articles of Organization were filed on