

L08000095815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

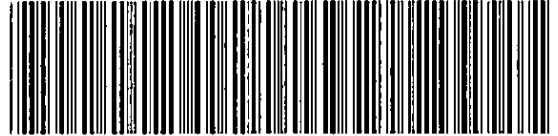
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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800439054078

FILED

2024 NOV 14 PM 12:42

TALLAHASSEE, FLORIDA

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2024 NOV 14 AM 11:49

TALLAHASSEE, FLORIDA

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 11/14/2024

Acc#I20160000072

en: c DW

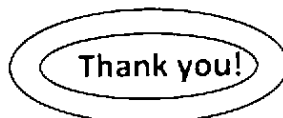
Name:	SwdenII LLC
Document #:	
Order #:	15971525

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input checked="" type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
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Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**



ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2024 NOV 14 PM 12:42

TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

SwdenII LLC

2. The Articles of Organization were filed on 10/09/2008 and assigned

document number L08000095815

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).

Business was sold.

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

5879 Dagoon Drive, Pensacola, Florida 32526

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:

Samuel Wilensky
Signature

Samuel Wilensky

Printed Name

FILING FEE: \$25.00