

L080000104231

(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:

*Refused  
\$10.00*

Office Use Only



100220551631

02/13/12--01022--029 \*\*35.00

FILED  
2012 FEB 27 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

FEB 29 2012

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Myswapmeet.com 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:

Nicholas Fabricatore

(Name of Person)

Myswapmeet.com LLC

(Firm/Company)

2020 Country Brook Ave.

(Address)

Clermont, Fl. 34711

(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 FEB 27 AM 8:20

FILED

For further information concerning this matter, please call:

Nicholas Fabricatore

(Name of Person)

at ( 352 ) 217-3303

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐

\$25.00 Filing Fee

☐

30.00 Filing Fee &  
Certificate of Status

☐

\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐

\$60.00 Filing Fee,  
Certificate of Status &  
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

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

1. The name of a limited liability company is

Myswapmeet.com LLC

2. The Articles of Organization were filed on 11/07/08 and assigned document number L08000104231

3. The date the dissolution was approved: 02/14/12

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

This company never did any business.

5. **CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

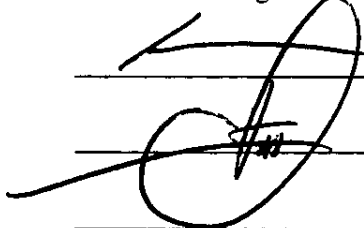
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. **CHECK ONE:**

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name

Nicholas G. Fabricatore

Ralph A. Fabricatore III  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FILING FEE: \$25.00**

Please refund the over payment of \$10  
from the original \$35 paid (check # 340).

Thank you,  
Nicholas Fabricatore  
1534 Nightfall Dr.  
Clermont, Fl. 34711

FILED

2012 FEB 27 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA