L1000001297

(Red	questor's Name)		
(Add	dress)		
(Add	dress)		
(City	//State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL.	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

SWFL DIGITAL SOLUTIONS

(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:

JENNIFER HATTEMER

(Name of Person)_

SWFL DIGITAL SOLUTIONS

(Firm/Company)

2202 SW 13TH AVENUE

(Address)

CAPE CORAL, FL 33991

(City/State and Zip Code)

For further information concerning this matter, please call:

JENNIFER HATTEMER

,239

292*6208

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$25.00 Filing Fee

ρ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ρ \$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

The name of a limited liability company is SWFL DIGITAL SOLUTIONS	**************************************	
2. The Articles of Organization were filed on JUNE 14, 20 L11000069297	and assigned document number	
3. The date the dissolution was approved: DECEMBER 3	1, 2012	
 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). COMPANY ACCEPTED A JOB FAR TOO LARGE FOR THE SIZE OF COMPANY. 		
COMPANY CONTINUED TO WORK SIX MONTHS AFTER CLOSE OF PROJECT TO MAKE		
ADEQUATE PROVISIONS FOR DEBTS, OBLIGATIONS AND LIABILITIES RESULTING		
IN LOSS OF FULL-TIME EMPLOYMENT OF ONE OWNER AND PERSONAL FINANCIAL RUIN.		
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	y 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	
Jerrife Fatternes	JENNIFER HATTEMER	
	GREG HATTEMER S S S S S S S S S S S S S	
	72 Z	
<u> </u>		

FILING FEE: \$25.00