

L11000142218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

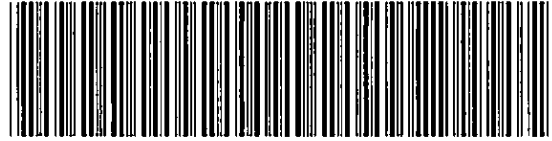
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900420926029

12/28/23--01015--012 \*\*25.00

2023 DEC 27 11:10:51

*Handwritten signature*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SWFL 360 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:

Susanne Pawlik

(Name of Person)

SWFL 360 LLC

(Firm/Company)

20580 Long Pond Road

(Address)

North Ft. Myers, FL 33917

(City/State and Zip Code)

For further information concerning this matter, please call:

Lilliane Anderson

(Name of Person)

239

573-0002

at (

(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of a limited liability company is

SWFL 360 LLC

2. The Articles of Organization were filed on 01/01/12 and assigned

document number L11000142218

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/23  
(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).

CERTIFIED COPY OF RESOLUTION TO LIQUIDATE THE CORPORATION WAS ADOPTED AND

APPROVED BY MEMBERS AND FILED WITH THE IRS

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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:

S. Pawlik  
Signature

SUSANNE PAWLIK

Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: SWFL360

Document number of Limited Liability Company is: L11000142218

Date of dissolution was: 12/31/23

Description of information that must be included in a written claim:

TYPE OF SERVICE RENDERED

DATE OF SERVICE RENDERED

INVOICE NUMBER + DATE

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

20580 LONG POND RD.

NORTH FT. MYERS, FL 33917

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

S.P. M

Printed Name of the Person Filing

SUSANNE PAWLICK

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**