

L120000 53311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
14 MAY -2 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 08 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SWIPESAVERS, LLC

SUBJECT: _____
(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:

Gregory Bartram

(Name of Person)

(Firm/Company)

5125 SE 20th Street

(Address)

Ocala, FL 34480

(City/State and Zip Code)

For further information concerning this matter, please call:

Gregory Bartram

404

918-3595

at (_____) _____

(Name of Person)

(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/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
SWIPESAVERS, LLC

2. The Articles of Organization were filed on 4/19/2012 and assigned
document number L12000053311

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)

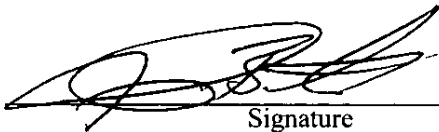
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
No Revenue

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

5125 SE 20th Street

Ocala, FL 34480

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:


Signature

Gregory Bartram

Printed Name

FILING FEE: \$25.00

FILED
14 MAY -2 AM 8:55
SOUTHERN STATE
TALLAHASSEE, FLORIDA