

#L13000048802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

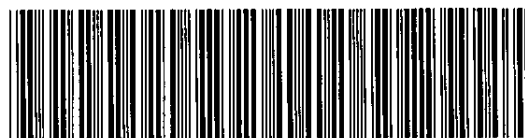
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700257136637

03/13/14--01023--017 **25.00

RECEIVED
DEPARTMENT OF STATE
14 MAR 13 AM 12:08

FILED
2014 MAR 13 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

MAR 14 2014

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SWFL Risk Management, LLC

Signature _____

Requested by: Seth

03/13/14

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWFL Risk Management, 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:

Frank J. Aloia, Jr.

(Name of Person)

Aloia, Roland & Lubell, LLP

(Firm/Company)

2254 1st Street

(Address)

Fort Myers, FL 33901

(City/State and Zip Code)

For further information concerning this matter, please call:

Frank J. Aloia, Jr.

(Name of Person)

239

791-7950

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2014 MAR 13 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
SWFL Risk Management, LLC

2. The Articles of Organization were filed on April 2, 2013 and assigned
document number L13000048802

3. The delayed effective date the dissolution if not effective on the date of filing: 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).

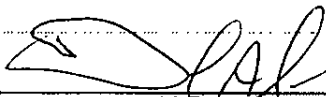
The Member has decided to cease the operation and business of the LLC.

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

2311 Santa Barbara Blvd., Suite 111

Cape Coral, FL 33991

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

David A. Iannone

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: SWFL Risk Management, LLC

Document number of Limited Liability Company is: L13000048802

Date of dissolution was: date of filing with State

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

The Member has decided to cease the operation and business of the LLC.

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

Frank J. Aloia, Jr., Esq.

Aloia, Roland & Lubell, LLP


2254 1st Street

Fort Myers, FL 33901

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.

David A. Iannone

Printed Name of the Person Filing


Signature of the Person Filing

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

FILED
2014 MAR 13 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA