

L13000058830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

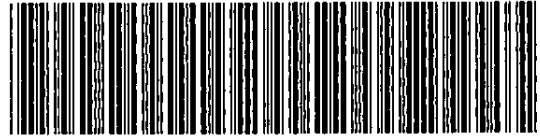
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SWOLE ASSOCIATION LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Revocation of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WALROGEN ESTEVEZ

Name of Person

SWOLE ASSOCIATION LLC

Firm/Company

POBOX 126872

Address

HIALEAH, FL 33012

City/State and Zip Code

791101@MSN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WALROGEN ESTEVEZ at (786) 3024609

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$100 Filing Fee
- \$105 Filing Fee & Certificate of Status
- \$130 Filing Fee & Certified Copy
- \$135 Filing Fee, Certificate of Status & Certified Copy

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 CLERK OF STATE  
 TALLAHASSEE, FLORIDA

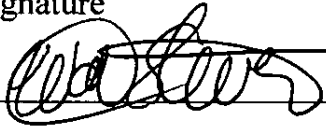
**ARTICLES OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 608.4411, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution:

1. The name of the company is SWOLE ASSOCIATION LLC.
2. The document number of the company is L13000058830.
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was 04/24/2013.
4. The revocation of dissolution was authorized in the same manner as the dissolution on 04/25/2013.

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 FILED

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

Signature	Typed or Printed Name
	<u>walroen estevez</u>
_____	_____
_____	_____
_____	_____

**Filing Fee: \$100.00**