

L13000132342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

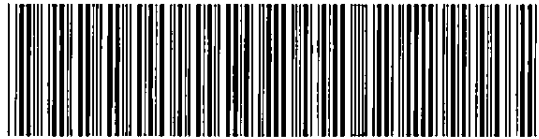
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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700424013837

LLC dissolution

FILED
2024 MAR -6 PM 12:31

RECEIVED
2024 MAR -6 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY
MAR -7. 2024

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 03/06/2024

Acc#I20160000072

en: c DW

Name:	SOUTHWEST FLORIDA FINANCIAL MORTGAGE HOLDINGS, LLC
Document #:	
Order #:	15418775 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

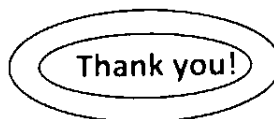
Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**



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

FILED

2024 MAR -6 PM 12 31

1. The name of a limited liability company is
SOUTHWEST FLORIDA FINANCIAL MORTGAGE HOLDINGS, LLC

2. The Articles of Organization were filed on 9/19/2013 and assigned
document number L13000132342

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)
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).

entity has ceased its operations

entity has ceased its operations

entity has ceased its operations

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/Shane Starkey

Signature

Shane Starkey

Printed Name

FILING FEE: \$25.00