L13000/36/83

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
		MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
FEB 1 2 2014				
A. LUNT				

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2014 FEB 10 AB 54 69 FILED

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

SWS OF TAMPA, 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:

JENNIFER M DIAZ

(Name of Person)

(Firm/Company) POBOX 263122 (Address) TAMPA, FL 33685 (City/State and Zip Code) For further information concerning this matter, please call:

JENNIFER M DIAZ

(Name of Person)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

MAILING ADDRESS:

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

,813 810-2467

(Area Code & Daytime Telephone Number)

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

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 SWS OF TAMPA, LLC
- 2. The Articles of Organization were filed on 09/26/2013 and assigned document number L13000136183

3. The delayed effective date the dissolution if not effective on the date of filing: $\frac{01/28/2014}{01/28/2014}$

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).

HEAL	TH RE	ASONS
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	1	2		
5. If there are no members, enter the name and address of the person appointed to wind		ompany	's 📊	•
JENNIFER M. DIAZ		5K	- 🗇	•
P O BOX 263122	ORI ORI	<u>ୁ</u> ମ୍ବା 		
TAMPA, FL 33685			_	
	JENNIFER M. DIAZ P O BOX 263122	JENNIFER M. DIAZ The second	JENNIFER M. DIAZ The second	JENNIFER M. DIAZ The second

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

Printed Name

Sennifer M. Díaz

FILING FEE: \$25.00