

L13000154775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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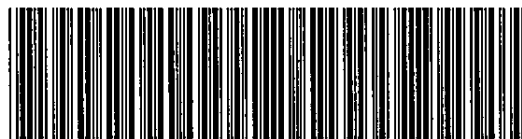
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 18 2015

T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RSVP SW FLA, 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:

Patricia Trznadel  
(Name of Person)

RSVP SW FLA, LLC  
(Firm/Company)

10711 Halfmoon Shoal Rd, #102  
(Address)

Benita Springs, FL 34135  
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Trznadel at (239) 908-1689  
(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

RSVP SW FLA, LLC

2. The Articles of Organization were filed on 1/9/2014 and assigned

document number L13000154775

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).

The company was not profitable.

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

Patricia Trznadel  
10711 Halfmoon Shoal Rd #102  
Bonita Springs FL 34135

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:

Patricia Trznadel  
Signature

Patricia Trznadel  
Printed Name

**FILING FEE: \$25.00**

**FILED**  
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