

L15000650015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

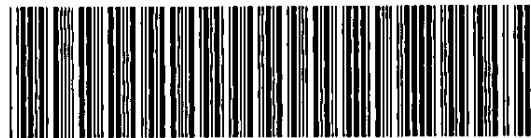
(Business Entity Name)

(Document Number)

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

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03/23/15--01007--018 \*\*100.00

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DIVISION OF CONSOB  
15 MAR 23 PM 1:21  
TO ACKNOWLEDGE  
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ATTACHED  
AND  
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15 MAR 23 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAR 23 2015

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ELSWANIGAN ENTERPRISES, LLC  
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Eric Swanigan

Contact Person

ELSWANIGAN ENTERPRISES, LLC

Firm/Company

2505 LINDSEY CT

Address

TALLAHASSEE, FL 32310

City, State and Zip Code

swanigane@yahoo.com

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

For further information concerning this matter, please call:

Eric Swanigan

Name of Contact Person

at ( 850 ) 445-7511

Area Code

Daytime Telephone Number

**STREET ADDRESS:**

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

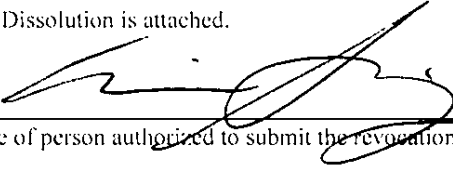
**MAILING ADDRESS:**

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

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

Pursuant to section 605.0708, 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: ELSWANIGAN ENTERPRISES, LLC
2. The document number of the company is L12000057825
3. The effective date the Dissolution was filed is 11/20/2014
4. The revocation of dissolution was authorized on 3/23/2015
5. A copy of the Articles of Dissolution is attached.

  
\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

**Filing Fee: \$100.00**  
**Certified Copy: \$30.00 (optional)**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EL Swanigan Enterprises, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Eric Swanigan  
Name of Person

EL Swanigan Enterprises, LLC  
Firm/Company

2505 Lindsey Ct  
Address

Tallahassee, FL 32310  
City/State and Zip Code

Swanigane@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Swanigan at ( 850 ) 445-7511  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee & Certificate of Status & 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

SECTION OF OFFICE  
TALLAHASSEE, FLORIDA  
FILED

15 MAR 23 PM 2:00

APPROVED  
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EL Swanigan Enterprises, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2505 Lindsey Ct  
Tallahassee, FL 32310

Mailing Address:

2505 Lindsey Ct  
Tallahassee, FL 32310

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Eric Swanigan  
Name  
2505 Lindsey Ct  
Florida street address (P.O. Box ~~NOT~~ acceptable)  
Tallahassee FL 32310  
City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MBR

MGR

**Name and Address:**

Eric Swanigan  
2505 Lindsey Ct  
Tallahassee, FL 32310

LaShawnda Swanigan  
2505 Lindsey Ct  
Tallahassee, FL 32310

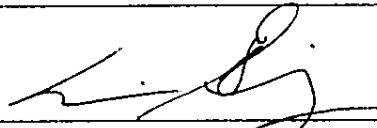
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Eric Swanigan

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

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