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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Swifs of Florida, 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:
Christia Mc Dermott
(Name of Person)
Suits of Old Honda, LLC (Firm/Company)
POBOX21
Port St. Tre, FL 32467 (City/State and Zip Code)
For further information concerning this matter, please call: Arisha Western H. at (850) 899-1173
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution \$255.00 Filing Fee, Certificate of Dissolution &

Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327

Street Address: Registration Section **Division of Corporations** The Centre of Tallahassee

Certified Copy (additional copy is enclosed)

FOR A LIMITED LIABILITY COMPANY 1. The name of a limited liability company is 2. The Articles of Organization were filed on and assigned document number 3. The delayed effective date the dissolution if not effective on the date of filing: 2.13.12 (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). 5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

ARTICLES OF DISSOLUTION

FILING FEE: \$25.00

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: