

L16000007823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

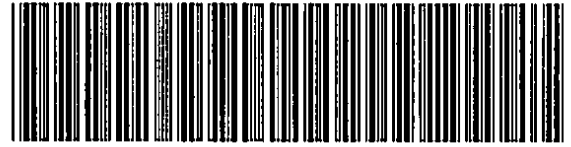
(Document Number)

Certified Copies _____

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12/13/21--01024--009 **25.00

SECRET
2021 DEC 13 PM 2:19
FALL 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Swift Moves LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jeremy Thompson
(Contact Person)

Swift Moves LLC
(Firm/Company)

1101 Alhambra Way E.
(Address)

SA. PR12, FL 33705
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeremy Thompson at (727) 501-3447
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Swift Moves LLC
2. The Florida document/registration number assigned to this limited liability company is:
L16000007823
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/9/2021
4. I, Jake Loveland, hereby withdraw/resign as a
(Print Name of Person Resigning)
Registered Agent
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

2021 DEC 13 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA