

L16000 144 749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

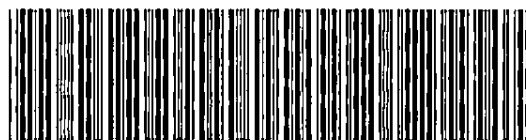
(Business Entity Name)

(Document Number)

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

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10/21/19--01012--004 \*\*25.00

2019 OCT 21 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Swabella Products 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:

Emmanuel Alexandre

(Name of Person)

(Firm/Company)

6721 Johnson Street APT 215

(Address)

Hollywood, FL 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

Emmanuel Alexandre

(Name of Person)

at ( 954 ) 842-1703

(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

Swabella Products LLC

2. The Articles of Organization were filed on August 02, 2016 and assigned

document number L16000144749

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)

**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).

The LLC was not profitable as anticipated

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

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

Emmanuel Alexandre

Printed Name

**FILING FEE: \$25.00**

2019 OCT 21 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Swabella Products LLC

Document number of Limited Liability Company is: L16000144749

Date of dissolution was: 04/31/2019

Description of information that must be included in a written claim:

Due to lack of funding and not profitable

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

6721 Johnson ST apt 215  
Hollywood, FL 33024

2019 OCT 21 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Emmanuel Alexandre

Printed Name of the Person Filing

Emmanuel Alexandre  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**