

# L17000067724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

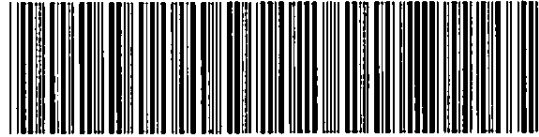
(Business Entity Name)

(Document Number)

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**DATE: 03/21/2024**

**NAME: SWNC-TEQUESTA VILLAGE, LLC**

**TYPE OF FILING: CONVERSION**

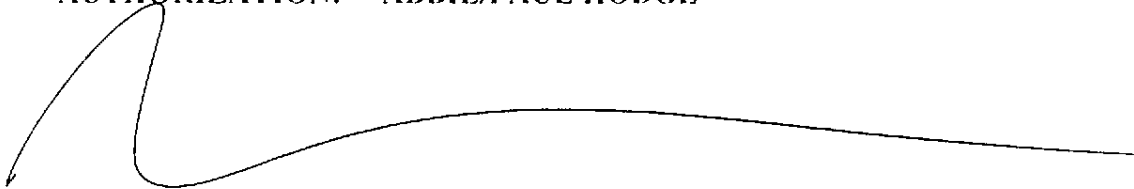
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SWNC-Tequesta Village, LLC

\_\_\_\_\_  
Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

Melissa Childers

\_\_\_\_\_  
Contact Person

Maynard Nexsen PC

\_\_\_\_\_  
Firm/Company

1901 Sixth Avenue North, Suite 1700

\_\_\_\_\_  
Address

Birmingham, AL 35203

\_\_\_\_\_  
City, State and Zip Code

mchilders@maynardnexsen.com

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

For further information concerning this matter, please call:

Melissa Childers

\_\_\_\_\_  
Name of Contact Person

at ( 205 ) 488-3612

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee  
and Certificate of  
Status

☒ \$55.00 Filing Fee  
and Certified Copy

☐ \$60.00 Filing Fee,  
Certified Copy, and  
Certificate of Status

**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

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Articles of Conversion  
For  
Florida Limited Liability Company  
Into  
"Converted or Other Business Entity"

2024 MAR 21 AM 9:46

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company into an "Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

SWNC-Tequesta Village, LLC

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

SWNC-Tequesta Village, LLC

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a limited liability company  
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of Delaware  
(Enter state, or if a non-U.S. entity, the name of the country)

The formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

5. This conversion shall be effective in Florida on: March 21, 2024  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

**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.

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

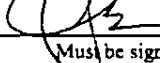
a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: 3800 Colonnade Parkway, Suite 250  
Birmingham, AL 35243

Mailing Address: 3800 Colonnade Parkway, Suite 250  
Birmingham, AL 35243

7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 20th day of March, 20 24

Signature:   
Must be signed by a Member or Authorized Representative

Printed Name: Andrew Patterson Title: Manager

**Fees:** Filing Fee: \$25.00  
Certified Copy: \$30.00 (Optional)  
Certificate of Status: \$5.00 (Optional)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA