# 119411000111

(Re	questor's Name)	
(Ád	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

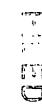
Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SWF of Perm, LLC (Name of Limited Liability Company)
(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:
Daniel Strickland
(Contact Person)
SWF Of Perm, UC (Firm/Company)
(Firm/Сотралу)
2818 W US 98 (Address)
(Address)
Perny, FL 32347
(City/State and Zip Code)
For further information concerning this matter, please call:
Daniel Strickland at (850) 843-1159
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  2 \$25 Filing Fee  \$\sum \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

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

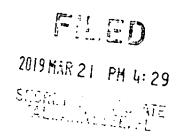
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)





## 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:	SWF of Perry, LLC
	ment/registration number assigned to this limited liability company is:
L170001	14911
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: 03 18 2019
4. I. Christo	Oher Croft
Manag	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Christops	uer Craft
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
_	\$30.00 (Optional)