

L17000233499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

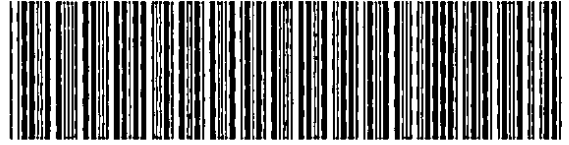
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600355950286

12/08/20--01017--021 \*\*25.00

FILED  
Dec  
2020 JAN -8 PM 2:12  
CLERK OF STATE  
TALLAHASSEE, FL

YS  
1/23/2

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SWF Associates, 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:

Donna Colavito

(Name of Person)

Granite Associates, Inc.

(Firm/Company)

225 Banyan Boulevard, Suite 130

(Address)

Naples, FL 34102

(City/State and Zip Code)

STATE  
OFFICE  
TALLAHASSEE, FL

2020 JAN -8 PM 2:12

FILED

For further information concerning this matter, please call:

Donna Colavito

845

295-2763

at (

(Name of Person)

(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 Address:**

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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

SWF Associates, LLC

2. The Articles of Organization were filed on November 14, 2017 and assigned

document number L17000233499

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).

Consent of all members.

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

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

Adam Gerry, Manager

Printed Name

**FILING FEE: \$25.00**

2020 DEC 8 PM 2:12  
FILED  
STATE  
FILE