

L19 0000 71240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

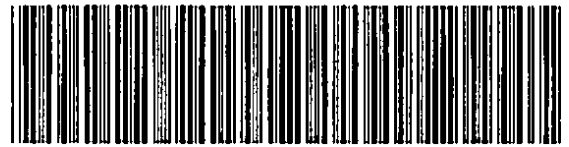
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/22/21--01028--014 **55.00

2022 JAN -3 PM 3:38

cc
Resignation

JAN 16 2022
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southwest Collateral Recovery 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:

Chet Hewitt
(Contact Person)

SW Collateral Recovery LLC
(Firm/Company)

2263 6th Ave S
(Address)

S + Petersburg FL 33712
(City/State and Zip Code)

For further information concerning this matter, please call:

Chet Hewitt at (727) 260-3150
(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

RECEIVED

2022 JAN -3 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FL

December 13, 2021

CHET HEWITT
2263 6TH AVE S
ST. PETERSBURG, FL 33712

SUBJECT: SOUTHWEST COLLATERAL RECOVERY, LLC
Ref. Number: L19000071240

We have received your document for SOUTHWEST COLLATERAL RECOVERY, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the date of resignation in the space provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 121A00030024



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2022 JAN -3 PM 3:38

**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: Southwest Collateral Recovery LLC
2. The Florida document/registration number assigned to this limited liability company is:
L19000071240
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11-19-2021
4. I, Arthur Perkins, hereby withdraw/resign as a
(Print Name of Person Resigning)
President
(Print Title)

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

Arthur Perkins

Signature of Dissociating Member or Resigning Manager

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