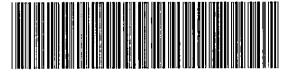
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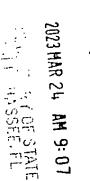
(Req	uestor's Name)	
bbA)	ress)	
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(City.	/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



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5/22/23 Viu



COVER LETTER

TO: Registration Section Division of Corporations		
pivision of Corporations		
SUBJECT: The Swanky Swan Co. (Name of Limited Liability Company)		
(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:		
Reid L Reynolds		
(Name of Person)		
The Sun law Sun Co		
The Swanky Swan Co. (Firm/Company)		
529 E Orange St. (Apt.5)		
(Address)		
10/4/201 Fl 33801		
Lakeland, FL 33801 (Citt/State and Zip Code)		
For further information concerning this matter, please call;		
Reid L. Reynolds at 863, 651-6151 (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
Continue I in the selection of Decision and the		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee and Certificate of Dissolution \$\Begin{align*} \Pi \\$55.00 \text{ Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)} \end{align*}		
=		

Street Address: Registration Section

Division of Corporations the Centre of Tallanassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Mailing Address: Registration Section

P.O. Box 0527

Division of Corporations

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
The Swanky Swan Co.
document number <u>L22000194724</u>
3. The delayed effective date the dissolution if not effective on the date of filing: March 20, 2025 reflective 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).
No ability to sustain LLC due to unforseen
career changes.
5. If there are no members, enter the name and address of the person appointed to wind up the companies activities and affairs:
Reid L Reynolds SSF II
Lakeland, FL 33801
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:
211 Reid L Reynolds Printed Name
FILING FEE: \$25.00
CILINO EUC. \$45.00