

L22000265552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

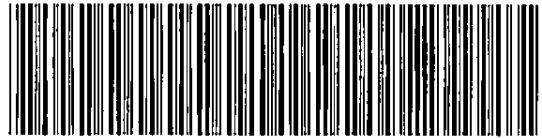
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200440469002

12/10/24--01007--028 **25.00



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STATE
JAN 10 2025

7024 DEC 10 PM 3:40

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SW 10th 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:

Anthony Colandrea

(Name of Person)

SW 10TH LLC

(Firm/Company)

413 sw 10th street

(Address)

Delray beach fl 33444

(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony Colandrea

(Name of Person)

561

3226680

at (_____) _____

(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



STATE
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2006 DEC 10 PM 3:40

FILED

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

1. The name of a limited liability company is

Sw 10 th LLC

2. The Articles of Organization were filed on 10/2/2023 and assigned

document number L22000265552

3. The delayed effective date the dissolution if not effective on the date of filing: Dec 5 2024

(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).

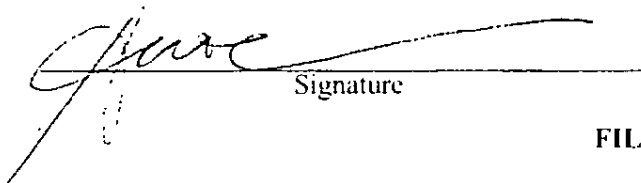
No Longer Needed , Business no longer Active

No Longer Needed , Business no longer Active

No Longer Needed , Business no longer Active

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

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

Anthony Colandrea

Printed Name

FILING FEE: \$25.00



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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Sw 10 th LLC

Document number of Limited Liability Company is: L22000265552

Date of dissolution was: Dec 5 2024

Description of information that must be included in a written claim:

Business is no longer active , no longer needed

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

944 Fern Drive ,Delray beach FL 33483

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Anthony Colandrea

Printed Name of the Person Filing


Signature of the Person Filing

2024 DEC 16 PM 3:40
DIVISION OF STATE
RECORDS
FL

FILED