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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e#) .
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COVER LETTER

TO: Amendment Section

Division of Corporations			
SUBJECT: S.W. L. UNlimit	ed, Ivc.		
DOCUMENT NUMBER: <u>P04000154869</u>			
The enclosed Articles of Dissolution and fee are submitte	d for filing.		
Please return all correspondence concerning this matter to	the following:		
Sharon Littleigh (Name of Contact) Person	<u> </u>		
(Name of Contact) Person)			
(Firm/Company)			
1467 N.W. 1594 LN (Address)			
(Address)			
Pembroke Pines, FL. 33028 (City/State and Zip Code)			
(City/State and Zip Cotle)			
For further information concerning this matter, please call:			
Sharon Little John at (95) (Name of Contact Person) (Area	4) 450-7753 Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Certified Copy (Additional copenclosed)	Certificate of Status &		
MAILING ADDRESS:	STREET ADDRESS:		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

THEFT

Pursuant to articles of d	section 607.1401, Florida Statutes, this Florida profit corporation submits the following issolution:	
FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	5. W. Lywlimited, INC.	
SECOND:	The document number of the corporation (if known): P04 000154869	
THIRD:	The file date of the articles of incorporation: 110904	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Signature:		
	Sharpon Littlejohn (Typed or printed name of person signing)	
	(Title of Person Signing)	

Filing Fee: \$35