

P98000068429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

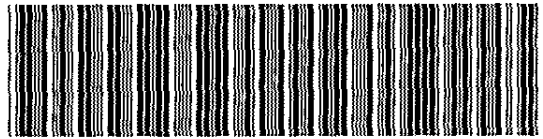
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200030359932

03/12/04--01030--008 **25.00

04/02/04--01004--003 **10.00

FILED
2004 APR -1 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. Cavallaro APR 01 2004

William Swango
6742 33rd ave n.
St. Pete, fl. 33710
727-345-3732



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 24, 2004

WILLIAM SWANGO
6742 33RD AVE., NORTH
ST. PETERSBURG, FL 33710

SUBJECT: SWANGO INCORPORATED
Ref. Number: P98000068429

We have received your document for SWANGO INCORPORATED and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You have used the incorrect form and sent the incorrect amount to file. I am enclosing the form you need to use and please send the additional monies needed as stated above.

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) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 904A00019409

RECEIVED

APR -1 PM 2:31

FOR DEPARTMENT OF STATE

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Department of State:

SWANGO INC.

SECOND: The document number of the corporation (if known): _____

THIRD: The date dissolution was authorized: 8-1-98

Effective date of dissolution if applicable: 4-15-04
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

Jennifer Swango
(voting group)

Signed this 29 day of March, 2004

Signature: Jennifer A Swango
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Jennifer A. Swango
(Typed or printed name of person signing)

Vice President
(Title of person signing)

Filing Fee: \$35

FILED
2004 APR - 1 PM 4:48
CLERK OF STATE
TALLAHASSEE, FLORIDA

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: _____

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

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

W. Swango

6742 33rd AVE N

St. Pete, FL 33710

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

William Swango
Printed Name of the Person Filing

WS
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00