

V65946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dissolution

JAN 28 2014

T. CARTER

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: DISSOLUTION

DOCUMENT NUMBER: V 65946

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SARITA JAIN  
(Name of Contact Person)

SWAANA INC  
(Firm/Company)

8108 U.S. 1  
(Address)

WABASSO, FL 32970  
(City/State and Zip Code)

For further information concerning this matter, please call:

SARITA JAIN at (772) 532 7671  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET ADDRESS:  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

DEAR SIR,  
PLEASE DISOLVE  
THIS CORPORATION  
AS WE NO LONGER  
ARE IN THIS BUSINESS.  
WE SELL THIS BUSINESS  
ON 12/31/12.  
THANKS.  
SARITA  
JAIN  
PHONE-  
772-532-  
7671

MY HOME  
ADDRESS  
Mr S Jain  
1386 Schumann Dr  
Sebastian, FL 32958-6268

## 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 Florida Department of State:

SWAPANA INC.

SECOND: The document number of the corporation (if known): V 65946

THIRD: The date dissolution was authorized: 12/31/13

Effective date of dissolution (if applicable): 12/31/13  
(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 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

\_\_\_\_\_  
(voting group)

Signature: \_\_\_\_\_

(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)

SARITA JAIN

(Typed or printed name of person signing)

OWNER

(Title of person signing)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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