

L040000009309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

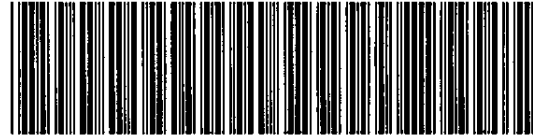
(Document Number)

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FILED  
14 APR 10 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 11 2014

T. BROWN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STREETWISE HOUSING SOLUTIONS, 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:

KAY HEANE  
(Name of Person)

STREETWISE HOUSING SOLUTIONS LLC  
(Firm/Company)

9141 BASSETT LANE  
(Address)

NEW PORT RICHEY FL 34655  
(City/State and Zip Code)

For further information concerning this matter, please call:

KAY HEANE at (954) 353-9391  
(Name of Person) (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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
14 APR 10 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

STREETWISE HOUSING SOLUTIONS, LLC

2. The Articles of Organization were filed on 1/28/2004 and assigned

document number 104000009309

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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 ABLE TO OPERATE BUSINESS

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

KAY KEANE  
9141 BASSETT LN  
TRINITY FL 34655

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:

Kay Keane  
Signature

KAY KEANE  
Printed Name

FILING FEE: \$25.00