

L12000111093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

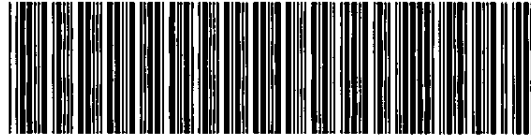
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



900258406479

04/07/14--01006--001 \*\*25.00

**EFFECTIVE DATE**  
4-20-14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 APR 18 AM 10:07

FILED

MAY - 1 2014

T. BROWN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SW STREET HOLDINGS 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:

NATHANIEL KORN

(Name of Person)

IMAIM CAPITAL LLC

(Firm/Company)

PO BOX 415068

(Address)

MIAMI, FL 33141

(City/State and Zip Code)

For further information concerning this matter, please call:

SUPPORT IMAIM CAPITAL

(Name of Person)

786

at ( )

383-7741

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2014

NATHANIEL KORN  
IMAIM CAPITAL LLC  
PO BOX 415068  
MIAMI, FL 33141

SUBJECT: SW STREET HOLDINGS LLC  
Ref. Number: L12000111093

We have received your document for SW STREET HOLDINGS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6051.

Teresa Brown  
Regulatory Specialist II

Letter Number: 214A00007652

EFFECTIVE DATE

4-20-14

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
14 APR 18 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
SW STREET HOLDINGS LLC

2. The Articles of Organization were filed on 08/29/2012 and assigned  
document number L12000111093

4/20/14

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)

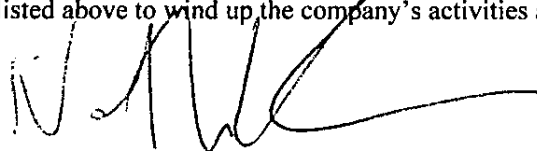
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

COMPANY 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: NATHANIEL KORN C/O IMAIM CAPITAL LLC

PO BOX 415068, MIAMI, FL 33141

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

NATHANIEL KORN

Printed Name

FILING FEE: \$25.00

## 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 STREET HOLDINGS LLS

Document number of Limited Liability Company is: L12000111093

Date of dissolution was: 4-18-14

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

COMPANY IN NO LONGER ACTIVE.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

PO BOX 415068

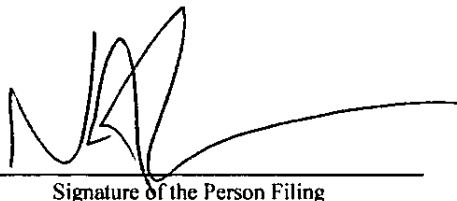
MIAMI, FL 33141

\_\_\_\_\_  
\_\_\_\_\_

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.

NATHANIEL KORN

Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**