

L16000116584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

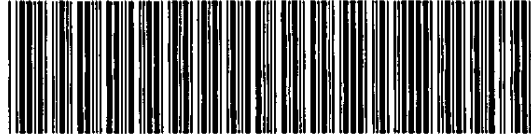
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100288864471

10/03/16--01009--003 **25.00

FILED
2016 OCT -3 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
OCT - 4 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Swiss Bank Clothing 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:

Maxwell Van Arnem
(Name of Person)

Swiss Bank Clothing LLC
(Firm/Company)

269 NE 2ND AVE Box 39
(Address)

Delray Beach FL 33444
(City/State and Zip Code)

For further information concerning this matter, please call:

Maxwell Van Arnem at (561) 272 2912
(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
2016 OCT -3 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Swiss Bank Clothing LLC

2. The Articles of Organization were filed on 06/14/2016 and assigned

document number L16000116584

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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

The operating agreement was never executed.

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

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:

Max Van Arnhem
Signature

Maxwell Van Arnhem
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

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2016 OCT -3 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Swiss Bank Clothing LLC.

Document number of Limited Liability Company is: L16000116584

Date of dissolution was: 09/30/2016

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

WRITTEN DOCUMENTATION OF ANY CLAIM INCLUDING ANY
SUPPORTING RECEIPTS, PURCHASE ORDERS, DATES & PROOFS
OF PAYMENT, ETC. CLAIMS WITHOUT SUPPORTING DOCUMENTATION
WILL NOT BE HONORED

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

269 NE 2ND AVE # 39
DELRAY BEACH, FL 33444

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.

MAX VAN ARMAN
Printed Name of the Person Filing

Max Van Arman
Signature of the Person Filing