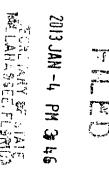
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	(Re	questor's Name)				
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	(Cit	y/State/Zip/Phone	#)			
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Certified Copie	s	_ Certificates	of Status			
Special Instru	ıctions to	Filing Officer:				
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: STRONG TOWER 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:
WINA KARJONO
(Name of Person)
(Firm/Company)
5301 GROVEWOOD GT
(Address)
ST. AUGUSTINE, FL 32092
(City/State and Zip Code)
For further information concerning this matter, please call:
WINA KARJONO at (904) 333 - 5058 . (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\sum_{\text{\$\cong 25.00 Filing Fee}}\$\sum_{\text{\$\cong 25.00 Filing Fee}}\$\sum_{\$\cong 25.
MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314