

207000016992

(Requestor's Name)

(Address)

(Address)

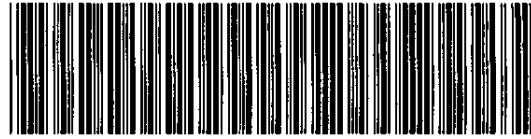
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TO: Registration Section
Division of Corporations

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 CT.
(Address)

ST. AUGUSTINE, FL 32092
(City/State and Zip Code)

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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:

\$25.00 Filing Fee

30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
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