

U120000025624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

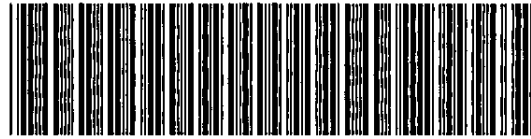
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/01/14--01011--019 **25.00

FILED
2014 MAY - 1 PM 3:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

MAY 07 2014

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Strategic Hunt 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:

Dean Hunt

(Name of Person)

Strategic Hunt LLC

(Firm/Company)

11850 9th st n

(Address)

St Petersburg, FL, 33716

(City/State and Zip Code)

FILED
2014 MAY -1 PM 3:00
TALLAHASSEE FLORIDA
CLERK OF SUPERIOR COURT

For further information concerning this matter, please call:

Dean Hunt

(Name of Person)

at (727) 9022779

(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**

1. The name of a limited liability company is
Strategic Hunt LLC
2. The Articles of Organization were filed on 2/22/12 and assigned
document number L12000025624
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 trading.
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:


Signature

Dean Hunt

Printed Name

FILING FEE: \$25.00

FILED
MAY - 1 PM 3:00
CLERK OF STATE
TALLAHASSEE FLORIDA