

L14000189962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

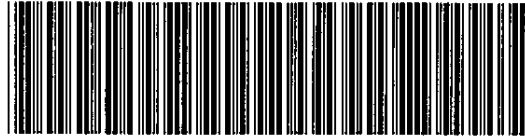
(Document Number)

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2015 APR 10 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 23 2014

C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEADERSHIP FIRST, 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:

Sherrie Sitarik

(Name of Person)

Leadership First LLC

(Firm/Company)

320 Hemmingway Ct

(Address)

Oviedo FL 32765

(City/State and Zip Code)

For further information concerning this matter, please call:

Sherrie Sitarik

(Name of Person)

at (407) 222 4220

(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

Leadership FIRST LLC

2. The Articles of Organization were filed on 10/8/2014 and assigned

document number 214000189962

3. The delayed effective date the dissolution if not effective on the date of filing: April 10, 2015
(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).

I formed a new LLC under
a different name

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

Sherrie Sitarik
320 Hemmingway Ct
Owensboro, FL
32745

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:

Sherrie Sitarik
Signature

Sherrie Sitarik
Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 APR 10 PM 4:04

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