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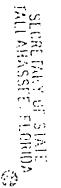
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COVER LETTER

TO:

Registration Section Division of Corporations

Octagon Political Strategies, 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:

Jonathon Skavroneck (Name of Person)				
(Firm/Company)				
26407 Copiapo Circle				
(Address)				
Punta Gorda, FL 33983				
(City/State and Zip Code)				

For further information concerning this matter, please call:

Jonathon Skavroneck	941	875-3529
(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

1.	The name of a limited liabil. Octagon Political Strategies. I.		
2.	The Articles of Organization	were filed on 7/14/2016	and assigned
	document number L1600013	7426	
3.	Note: If the date inserted in the	ne dissolution if not effective on the date of date cannot be prior to or more than 90 days later than is block does not meet the applicable statutory five date on the Department of State's records.	r date document is received for ming)
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the limited liability company copy 605,0707 on back cover letter).	y's dissolution pursuant to section
	Compliance with a non-compet	e clause in an employment agreement being sign	ned by the MGR
_	16.1		SEC
5.	activities and affairs:	er the name and address of the person appoi Jonathon Skavroneck	
		26407 Copiapo Circle, Punta Gorda, FL 33983	
			2: 41 LORIDA
6. lis	Signature of an authorized pated above to wind up the con	erson or if there are no members, the signature of the si	ure of the person appointed and
_	Signatura	Jonathon Skavronec	rinted Name

FILING FEE: \$25.00