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COVER LETTER

•	gistration Section vision of Corporations				
SUBJECT:	Strategy First LLC				
SOBJECT.		ted Liability Company)			
The enclosed	d Articles of Dissolution and fee(s) are submi	tted for tiling.			
Please returr	n all correspondence concerning this matter to	the following:			
	Jonathan Reed				
	(Na	me of Person)			
	Strategy First LLC				
	(Fir	nn/Company)			
	713 Tradewinds Drive				
	(Address)				
	Indian Harbour Beach, FL 32937				
	(City/St	ate and Zip Code)			
For further i	nformation concerning this matter, please call	t:			
Joi	nathan Reed	321 831-5005			
	(Name of Person)	at () (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)			
	ulling Address:	Street Address:			
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Section Division of Corporations			
		The Centre of Tallahassee			
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is							
	Strategy First LLC							
2.	The Articles of Organization	were filed on April 11	. 2017	and assigned				
	document number L1700008	0922	_					
	Note: If the date inserted in the listed as the document's effect	date cannot be prior to or mo its block does not meet th ive date on the Departme	ore than 90 days later than date do the applicable statutory filing re nt of State's records.	eument is received to quirements, this da	te will not be			
4.	A description of occurrence 605.0707, Florida Statutes, (c	that resulted in the limi copy 605.0707 on back	ted liability company's diss cover letter).	solution pursuant	to section			
	Business has relocated to the St	ate of Georgia and incope	orated there under same name.		2			
	Business has relocated to the Sta	ate of Georgia and incope	rated there under same name.	ECRI TALL	D24 DE			
	Business has relocated to the Sta	te of Georgia and incopo	rated there under same name.	AHA B				
				OF S				
5.	If there are no members, enter activities and affairs:	er the name and address	s of the person appointed to	wind up the com	р э́ў ў s			
								
6. ab	Signature of an authorized pove to wind up the company	erson or if there are no s activities and affairs:	members, the signature of t	he person appoint	ted and listec			
<	Dun OR A		Jonathan H. Reed					
	Signature		Printed i	Vame				

FILING FEE: \$25.00