L20000330794

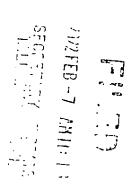
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Q. SILAS
rino 17 hill

Office Use Only



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02/07/22--01014--005 **25.00



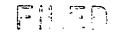
COVER LETTER

TO:

Registration Section

Divi	ision of Corporations		5		
SUBJECT:	Stregsy, LLC				
(Name of Limited Liability Company)					
The enclosed	Articles of Dissolution and fee(s) are submit	ted for filing.			
Please return	all correspondence concerning this matter to	the following:			
	Sarah Laws				
	(Nar	ne of Person)	· · · · · · · · · · · · · · · · · · ·		
	Laws Marketing				
(Firm/Company)					
	800 Foxhound Drive				
	(Address)				
	Port Orange, FL 32128				
	(City/Sta	ne and Zip Code)			
For further in	nformation concerning this matter, please call	:			
Sara	ah Laws	717 at (307-0318		
(Name of Person) (Area Code & Daytime T		e & Daytime Telephone Number)			
Enclosed is a c	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)			
<u>M</u> ai	iling Address:	Street Address:			
Registration Section		Registration Section			
	vision of Corporations	Division of Corporations			
). Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
Tallahassee, FL 32314		Tallahassee, FL 32303			

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1. The name of a limited liability company is	s	70/21LB = 1 Afill: 10	
Stregsy LLC		SFCTET ON TOTAL	
2. The Articles of Organization were filed or	10/19/2020	and assigned	
document number L20000330794			
3. The delayed effective date the dissolution (effective date cannot be proposed). If the date inserted in this block does relisted as the document's effective date on the	not meet the applicable statute	ory filing requirements, this date will not be	
4. A description of occurrence that resulted i 605.0707, Florida Statutes, (copy 605.0707)	n the limited liability comp 7 on back cover letter).	pany's dissolution pursuant to section	
Consent of all members			
Consent of all members Consent of all members			
5. If there are no members, enter the name at	nd address of the person ar	pointed to wind up the company's	
activities and affairs:			
	<u></u>		
6. Signature of an authorized person or if the above to wind up the company's activities an	ere are no members, the sign daffairs:	nature of the person appointed and liste	
Sahl	Sarah Laws		
Signature		Printed Name	

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

ame of Limited Liability Company:
ocument number of Limited Liability Company is:
ate of dissolution was:
escription of information that must be included in a written claim:
etailed description of the basis of the claim, including the amount, the date incurred, and the nature of the goods or
rvices allegedly provided.
ailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Sarah Laws
800 Foxhound Dr.
Port Orange, FL 32128
claim against the above named limited liability company will be barred unless a proceeding to enforce the aim is commenced within 4 years after the filing of this notice.
arah Laws
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00