122000027126

(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:
ine blowing articles were update due to the original articles were filed in error
articles were filed in arror under the wrong articles
tupe. J. Dennis 06/12/24

Office Use Only



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COVER LETTER

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ro:	Registration Section Division of Corporations		
SUBJE(STRONG CAPITAL, LLC		
		ed Liability Company)	
he enc	losed Articles of Dissolution and fee(s) are submit	ted for filing	
	eturn all correspondence concerning this matter to	-	
	Jonathan Merwin		
	(Nar	ne of Person)	
	Strong Capital, LLC		
	(Fin	n/Company)	
	6000 Collins Ave. #303		
		Address)	
	Miami Beach, FL 33140		
	(City/Sta	ate and Zip Code)	
or furtl	her information concerning this matter, please call.	:	
	Jonathan Merwin	603 630-3171 at ()	
	(Name of Person)	(Area Code & Daytime Telephone Number	er)
nclosed	l 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:	Street Address:	
Registration Section		Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabil	lity company is		
2.	The Articles of Organization	n were filed on 01/12/2022 and assigned		
	document number L220000	27126		
3.	Note: If the date inserted in	the dissolution if not effective on the date of filing: 11/05/2023 date cannot be prior to or more than 90 days later than date document is received for filing) this block does not meet the applicable statutory filing requirements, this date will not be tive date on the Department of State's records.		
	A description of occurrence 605.0707, Florida Statutes, (Out of busines, no revenue.	that resulted in the limited liability company's dissolution pursuant to section (copy 605.0707 on back cover letter).		
5.	there are no members, enter the name and address of the person appointed to wind up the company's ctivities and affairs: Jonathan Merwin			
		6000 collins Ave., #303		
		Miami Beach, FL 33140		
6. ab	Signature of an authorized pove to wind up the company	person or if there are no members, the signature of the person appointed and listed 's activities and affairs:		
_	Signature	Jonathan Merwin Printed Name		

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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.

Name of Limited Liability Company:
Document number of Limited Liability Company is:
Date of dissolution was:
Description of information that must be included in a written claim:
Out of busines, no revenue
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 6000 Collins Ave., #303
Miami Beach, FL 33140

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Jonathan Merwin
Printed Name of the Person Filing

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