

L99 000001531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

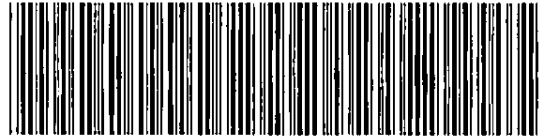
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2024 DEC 10 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FL

AB

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dissolution of First Street Group, 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:

James Shaw

\_\_\_\_\_  
(Name of Person)

First Street Group, LLC

\_\_\_\_\_  
(Firm/Company)

PO Box 1990

\_\_\_\_\_  
(Address)

Alachua FL 32616

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

James Shaw

\_\_\_\_\_  
(Name of Person)

352

at (

6658570

) \_\_\_\_\_  
(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 Address:**

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**

**FILED**

2024 DEC 10 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FL

1. The name of a limited liability company is

First Street Group, LC

2. The Articles of Organization were filed on 3/12/1999

and assigned

document number L99000001531

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2024

(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

All assets sold and bills paid

All assets sold and bills paid


All assets sold and bills paid

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

497 Fox Lake Rd

Bairsville, Ga 30512

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:

  
Signature

James W Shaw

Printed Name

**FILING FEE: \$25.00**