# L0900064447

(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:						



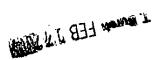


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SECRETARY OF STATE
TALL AHASSEE FLORIDA





## **COVER LETTER**

TO:

Registration Section Division of Corporations

Wecksler Publishing, 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:

# Marina Wecksler (Name of Person) (Firm/Company) 3640 Yacht Club Dr. # 1404 (Address) Aventura, Fl. 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Marina Wecksler

(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 liability company is  Wecksler Publishing, LLC				·•	
2.	The Articles of Organization were filed on document number L0900064442	2009	_ and assigned	í		
3.	The delayed effective date the dissolution if not effe	— ctive on the date of filing	÷			
4.	A description of occurrence that resulted in the limit 605.0707, Florida Statutes, (copy 605.0707 on back of The company did not carry any business	•				
	reason why the company is being dissol	ved.	, 1			
			•	ALI AE	7	<del> </del>
				AK.	833	
5.	If there are no members, enter the name and address activities and affairs:	of the person appointed t	o wind up the	ASSEE, FLORII	10 AM 11:5	
				DA.	7	
6. ab	Signature of an authorized person or if there are no nove to wind up the company's activities and affairs:	nembers, the signature of	the person ap	pointed	and lis	sted
	Signature	Printed	Name			
	Maindel aller	Marina Wecksler				
	FILING	FEE: \$25.00				