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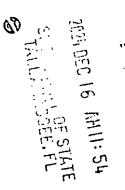
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COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	Suwannee River Publishing, LLC		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Name of Limite	ed Liability Company)	
	ed Articles of Dissolution and fee(s) are submitt		
ricase ictui	S. Toni Collins	the following.	
	(Nam	ne of Person)	-
	Suwannee River Publishing, LLC		
	(Firm	n/Company)	-
	12751 NW 92nd Street		
	(/	Address)	-
	Chiefland, FL 32626-8018		
	(City/Stat	te and Zip Code)	•
For further	information concerning this matter, please call:		
5	S. Toni Collins	352 490-5636 at ()	DEC 1
	(Name of Person)	(Area Code & Daytime Telephone Num	iber)
	a check for the following amount:		ber) 16 AM II: 54
≡ \$2	25.00 Filing Fee and Certificate of Dissolution	 \$55.00 Filing Fee, Certificate of Dissolution Certified Copy (additional copy is enclosed) 	FL FLE

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

. The name of a limited lia	bility company is	
Suwannee River Publishing	, LLC	· · · · · · · · · · · · · · · · · · ·
The Articles of Organizat	tion were filed on $\frac{0}{2}$	08/15/2012 and assigned
document number L1200	0105844	
Note: If the date inserted in	in this block does not a	not effective on the date of filing: 12/30/2024 r to or more than 90 days later than date document is received for filing) meet the applicable statutory filing requirements, this date will not be epartment of State's records.
A description of occurrent 605.0707, Florida Statutes	nce that resulted in thes, (copy 605.0707 or	the limited liability company's dissolution pursuant to section on back cover letter).
No longer doing business fo	r publishing books.	
	enter the name and a	address of the person appointed to wind up the company's
activities and affairs:	3. rom comis	
	12751 NW 92nd	d Street
	Chiefland, FL 32	2626-8018
. Signature of an authorize bove to wind up the compa	d person or if there a ny's activities and a	are no members, the signature of the person appointed and liste affairs:
S. Lozi C	ollers	S. Toni Collins
Signature		Printed Name

FILING FEE: \$25.00