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O SIMMONS JAN 27 2021

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: THIRD CIRCLE PUBLISHING LLC (Name of Limited Liability C	Company)
The enclosed member, resignation or dissociation and fe	e(s) are submitted for filing.
Please return all correspondence concerning this matter t	to:
DOUGLAS D STRATTON (Contact Person)	
LAW OFFICE OF DOUGLAS D STRATTON PA (Firm/Company)	
407 LINCOLN ROAD SUITE 2A (Address)	
MIAMI BEACH, FL 33139 (City/State and Zip Code)	
For further information concerning this matter, please ea	all:
DOUGLAS D STRATTON at (305 (Area C) 672-7772 ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Floric ☐ \$25 Filing Fee ☐ \$55 Fi	da Department of State for: lling Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the l	limited liability company as it appears on the records of the Florida Department
of State is: THIRI	O CIRCLE PUBLISHING LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
1.16000042151	·
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is: 12/1/2020
4. I, RICHARD ROFE (Print No.	me of Person Resigning), hereby withdraw/resign as a
MANAGER (Print Title)
resignation in wri	pitity company and affirm the limited liability company has been notified of my ting. ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)