L 17000212693

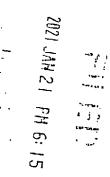
(Requestor's Name)			
(Address)			
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MAR 0 4 2021 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	cr: The Publisher	LLC		
00000	(Name of Limite	ed Liability Company)		
The enc	losed Articles of Dissolution and fee(s) are submitte	ed for filing.		
Please r	eturn all correspondence concerning this matter to t	the following:		
i icasc i	cturn an correspondence concerning this mater to t	are ronowing.		
	Brscida Co	D67-		
	(Nam	e of Person)		
	(Firm	n/Company)		
17125 N. Bay Road #3302				
Sunny Is les Beach, FL 33160 (City/State and Zip Code)				
) (City/Stat	te and Zip Code)		
For further information concerning this matter, please call:				
	Biscida Lapez	at (305) 879-4494 (Area Code & Daytime Telephone Number)		
	(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:	Street Address:		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

l.	The name of a limited liability company is	
	The Publisher, LLC	24
2.	The Articles of Organization were filed on 10-13-2017 and assigned	21 JAN 2
	document number <u>L17000212693</u>	PM
3.	The delayed effective date the dissolution if not effective on the date of filing: 2-1-202.\ (effective date cannot be prior to or more than 90 days later than date document is received for filing the date inserted in this block does not meet the applicable statutory filing requirements, this date will listed as the document's effective date on the Department of State's records.	ਨ ng)− ill ਜਿ0t be
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to se 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	ection
	no longer in business	_
5.	If there are no members, enter the name and address of the person appointed to wind up the company activities and affairs:	/'s
		_
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed a sove to wind up the company's activities and affairs:	nd listed
	Signature Printed Name	_
	Signature Printed Name	

FILING FEE: \$25.00