M20000008947

(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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2022 NUV - 9 AH 8: C

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: November 09, 2022		Account#: 1200000000088
Name: Janel	le Davis	
Reference #:	1831468	
Entity Name:	RING PUBLICATIONS	LLC
Articles of Incorp	ooration/Authorization to Trans	act Business
Amendment		
Change of Agen	t	
Reinstatement		
Conversion		
☐ Merger		
✓ Dissolution/With	drawal	
☐ Fictitous Name		
Other		
Authorized Amount	\$25.00	
Signature:	Janelle Davis	_

COVER LETTER

TO:

Registration Section

Division of Corporations RING PUBLICATIONS LLC SUBJECT: _ (Name of Foreign Limited Liability Company) Dear Sir or Madam: The enclosed withdrawal and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Person) (Firm/Company) (Address) (City/State and Zip Code) For further information concerning this matter, please call: Craig Gehring, Manager 225 2475733 (Area Code & Daytime Telephone Number) (Name of Person) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: 🗷 \$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

FILED 2022 NOV -9 AM 8: 31

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY AHASSEE, FI

RING PUBLICATIONS LLC
(Name of limited liability company)
Louisiana
(Jurisdiction of its organization)
09/30/2020
(Date registered with Florida Department of State)
M20000008947
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state. Effective Date, if other than the date of filing:
(Signature of authorized representative)
Craig Gehring, Manager
(Typed or printed name of signee)

Filing Fee: \$25.00