L12000136082

(Requestor's Name)
•
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(220,000 2,000)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER₃

Division of Corporations	
SUBJECT: Merchant Funding Group, LLC	>
	d Liability Company)
The enclosed member, resignation or dissociation	ion and fee(s) are submitted for filing.
Please return all correspondence concerning thi	is matter to:
Alexander Renzi	
(Contact Person)	
Marinus Holdings, Inc.	
(Firm/Company)	
560 Westminster Ave.	
(Address)	
Venice, CA 90291	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Alexander Renzi	805 807-8035
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th ☐ \$25 Filing Fee	he Florida Department of State for: \$\bigseleft\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section
Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	- W-THILLIAND, A LOLING CHO L'T

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 lin		pany as it appears on the recorup, LLC	rds of the I	Florida Department	
2. The Florida docum	ent/registration nu	mber assigned to this limited	liability co	mpany is:	
20142	5310206	L12000136082	•	0 1	
3. The date this memb	per/manager withdi	rew/resigned or will withdraw	/resign is:	December 31, 20	۱۱۲
4. I, Marinus Holdin		, hereby withdrav	v/resign as	a	
(Print Nam	e of Person Resigning,)	Ü		
Member					
(Pr	int Title)	 -'			
of this limited liabilinesignation in writing		ffirm the limited liability com	pany has b	een notified of my	
	01	· Alexander	Rerui		
Signature of Disso	ciating Member or	r Resigning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	,		16 OCT 20 PH 1: 52	