## B17000000257

(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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## COVER LETTER

TO: Registration S Division of C					
SUBJECT: Meric	on Investment N	Manageme	nt LF	·	
(Name of F	oreign Limited Partnership	or Limited Liabilit	y Limite	ed Partnership)	
The enclosed Notice	of Cancellation and fe	e(s) are submitte	d for f	īling.	
Please return all corre	espondence concerning	g this matter to:			
Katherine Bre	wster		_		
	(Contact Person)				
Merion Investm	ient Managemer	nt LP	_		
	(Firm/Company)				
20914 N. 104	th Street	_	_		
	(Address)				
Scottsdale, A	Z 85255				
(6	City, State and Zip Code)		•		
For further information concerning this matter, please call:					
Katherine Brewster		at (646	345	5-1995	
(Name of Conta	(Name of Contact Person) (Area		ode and Daytime Telephone Number)		
Enclosed is a check f	or the following amou	int:			
\$52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	S105.00 Filin and Certified Cop		\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRES	S:	MAILING ADDRESS:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations P. O. Box 6327			
Clifton Building 2661 Executive Center Circle		Tallahassee, FL 32314			
Tallahassee, FL 323			,		

## NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP

2021 FEB 22 AM 3: 52

FOREIGN LIMITED PARTNERSHIP
OR SECRETARY OF STATE LIMITED LIABILITY LIMITED PARTNERSHIP
Merion Investment Management LP
(Name of foreign limited partnership or limited liability limited partnership)
81700000025
(Florida Document Number of the Foreign LP or LLLP)
Delaware
(Jurisdiction of formation)
October 23, 2017
(Date authorized to transact business in Florida)
This foreign limited partnership or limited liability limited partnership is no longer ransacting business in Florida and wishes to cancel its certificate of authority pursuant to . 620.1907, F.S.  This entity appoints the Florida Department of State as its agent for service of process for
ights of action arising out of the transaction of business in this state.
Effective date, if other than the date of filing: 11/20/2020
Effective date, if other than the date of fining  Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
NOTE: If the date inserted in this block does not meet the applicable statutory filing equirements, this date will not be listed as the document's effective date on the Department of State's records.
Signature of a general partner:
Sam Johnen
yped or printed name:
Sam Johnson
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75