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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ME-K LL C (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Kathy Walven (561)414-7799 (Contact Person)
ME-K LLC  (Firm/Company)  2171 SW 274 Lanz  (Address)  Ft. Laule-dalz, FL 33312  (City/State and Zip Code)  For further information concerning this matter, please call:
(Name of Contact Person)  at ()  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$\simeq \sum_{\text{\$\frac{5}{25}}} \simeq \text{Filing Fee} \text{\$\sum_{\text{\$\frac{5}{55}}} \simeq \text{Filing Fee} & Certified Copy}
STREET/COURIER ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the lim of State is:	nited liability company as it ap $ME-K LLC$	opears on the records	of the Florida	Department	
2. This limited liability	y company was organized und	ler the laws of:		07	
	ent/registration number of this		pany is:	SECRETARISE	前的
	en Eichman e of Person Resigning)			<b>J</b>	-
resignation in writing	-	nited liability compan	y has been no	tified of my	
	ng Member, Managing Memb	per or Manager			
Filing Fee: Certified Copy:	• • •				