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(Re	questor's Name)	
(Ad	dress)	
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. (Cit	y/State/Zip/Phone	#)
. PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

1, <u>Melissa averas</u> , hereby resign as <u>MGRM</u> .		
of Meli Investments, LLC		
(Limited Liability Company)		
a limited liability company organized under the laws of the State of	06	
and affirm that the limited liability company has been notified in writing of the resignation of the resigna	06 NOV -1	FU
(Signature of resigning manager, managing member or member)	州川: 2	
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FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E079 (8/05)

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