

L05000009248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

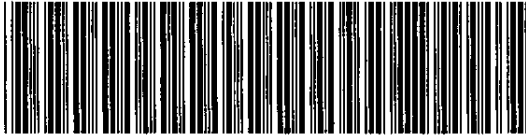
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

OCT 22 2012

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MERRICK USA, LC
Name of Limited Liability Company

DOCUMENT NUMBER: L05000009248

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA ISABEL CONDE
Name of Person

Name of Firm/Company

2875 N.E. 191ST STREET, #302
Address

AVENTURA, FLORIDA 33180
City/State and Zip Code

ai.conde@memorysecret.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA ISABEL CONDE at (305) 935-4160
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

YH&S ACCOUNTING & FINANCIAL CONSULTANTS, hereby resigns as

Name of Registered Agent

Registered Agent for MERRICK USA, LC


Name of Limited Liability Company

L05000009248

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

GLORIA PASCUAL-WILLINGER

Typed or Printed Name

PRESIDENT

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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