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From:

Account Name

: CALANDRINO LAW FIRM

Account Number : 120090000062 Phone

: (407)601-4905

Fax Number

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LLC REGISTERED AGENT RESIGNATION MERIT MARKETING, LLC

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J. SAULSBERRY EXAMINER

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| SUBJ | ECT: | Merit Ma Name of Limit | rketing, LL ed Liability Co | C mpany | | | |
| DOC | UMENT NUMBER: | · | L05000074 | 1256 | | | |
| The er | nclosed Resignation o | of Registered Agent fo | r a Limited L | iability Company and | fee are si | abmitte | :d |
| Please | return all correspond | dence concerning this | matter to the I | following: | | | |
| | Amy M. C | Guy, Paralegal e of Person | | | | | |
| | | Law Firm, P.A. Firm/Company | | | SECF TALLA | 2111 S | alana kiya sa |
| | | Street, Suite 950 | | | ETARY HASSEI | 2011 SEP 19 | an artistan |
| | Orlando, City/State | Florida 32801 e and Zip Code | | | CTARY OF STATE HASSEE. FLORIDA | AM 8: 8 | |
| Ē. | mail address: (to be used | for future annual report n | otification) | | | | |
| For fu | rther information con | cerning this matter, pl | ease call: | | | | |
| | Amy M. Gu Name of Per | at (at (at (at (| 407) Area Code & 1 | 601-4905 x 107 Daytime Telephone Nun | nber | | |
| liabilit | sed is a check made p y company or \$25.00 I liability company. | ayable to the Florida I ofor an administrative | Department of ly dissolved, v | State for \$85.00 for a coluntarily dissolved o | n active or withdra | limited awn | |
| MAIL | ING ADDRESS: | | STREET | ADDRESS: | | | |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision | ns of section 608.416(2) or 608.509, F | lorida Statutes, the undersigned, | | |
|----------------------------|---|--|-----------------|---------------|
| Cal | andrino Law Firm, P.A. | , hereby resigns as | | |
| | Name of Registered Agent | • | | |
| Registered Agent for | Merit M | arketing, LLC | | |
| | Name of Limited Liability Com | pany | | |
| | 0074256 | | , | |
| Document Nu | mber, if known | • | | |
| A copy of this resignation | n was mailed to the above listed limit | ted liability company at its last known | address. | |
| The agency is terminated | and the office discontinued on the 3 | 1st day after the date on which this state | ement is filed. | • |
| If signing on behalf of a | n entity: | 귷. | ps. | |
| | Philip K. Caland Typed or Printed Nat | | SEP T | |
| , | President/Director Capacity | | P 19 | rens. Hans |
| , | FILING FEES: \$85.00 Active limitee \$25.00 Administrative withdrawn ii | d liability company rely dissolved/ voluntarily dissolved/ mited liability company | AM 6: 18 | |

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