## L06000029810

(Requestor's Name)				
(requesters runner)				
(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:				

Office Use Only



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SECRETARY OF STATE

## EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address CORAL GABLES, FL 33134 (305) 444-4994 City/State/Zip Phone #

OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Walk in Pick up time Will wait → Photocopy Certificate of Status Mail out AMENDMENTS NEW FILINGS **Profit** Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger

\$ 12 A	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

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REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Examiner's Initials



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

	e limited liability company as MERI-MORTGAGE	it appears on the records of the Florida Department CENTER LLC
2. This limited lial	oility company was organized	l under the laws of:
3. The Florida doc <b>L060000</b>		f this limited liability company is:
,	G. MARLOWE  Name of Person Resigning)	, hereby resign as a MBR (Print Title)
·	bility company and affirm th	e limited liability company has been notified of my
Signature of Res	igning Member, Managing N	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	