L0700000 1628

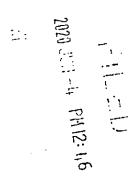
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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JUN 0 9 2020 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MEI, LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
MICHAEL CAMIAN
(Contact Person) MEI, LLC
(Firm/Company)
1425 SW 3rd TEMACE (Address)
CAPE COLAL FL 33991 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (239) & Le 73 -Le 383 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Premoully Pard \$35.00 check
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



May 27, 2020

MICHAEL M. CATALAN 1625 SW 3RD TERRACE CAPE CORAL, FL 33991

SUBJECT: MEI, LLC

Ref. Number: L07000001628

We have received your document for MEI, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

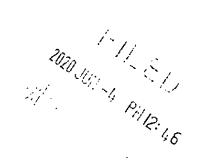
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 120A00010569

Irene Albritton Regulatory Specialist II

www.sunbiz.org





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is:
2. The Florida document/registration number assigned to this limited liability company is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5 1 2021
4. 1. Elenita Rivera Catala., hereby withdraw/resign as a (Print Name of Person Resigning)
MOMBER MANAGER
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)