

L 11 000064050 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

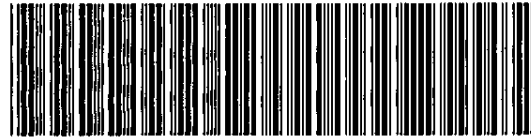
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 OCT 18 PM 12:36
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 19 2011

EXAMINER

RESIGNATION — RETURN:

COVER LETTER

TO
ADDRESS
Below:

TO: Registration Section
Division of Corporations

SUBJECT: MERCHANDISE 4 EXCHANGE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS RITZMANN
Name of Person

MERCHANDISE 4 EXCHANGE LLC
Firm/Company

4195 TAMIAH TRAIL S. #169
Address

VENICE, FL 34293
City/State and Zip Code

CINTOMY@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS RITZMANN at 941 372 4628
Name of Person Area Code & Daytime Telephone Number

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11 OCT 18 PM 12:36
TALLAHASSEE, FLORIDA
STATE

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☒ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MERCHANDISE 4 EXCHANGE LLC

2. This limited liability company was organized under the laws of:

FLORIDA

3. The Florida document/registration number of this limited liability company is:

L11000064050

4. I, ROBERT ROGERSON, hereby resign as a MANAGER
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X 
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

11 OCT 18 PM 12:37

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