

L/2000006483

(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:

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2012 JUL 27 AM 10:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MERCHANT REAL ESTATE International 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:

Herman Singh

Name of Person

Herman Singh & Associates Inc

Firm/Company

500 S.R. 436, suite 2016

Address

Casselberry FL 32707

City/State and Zip Code

hermansumel@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Herman Singh

Name of Person

at (407) 831-1399

Area Code & Daytime Telephone Number

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

2012 JUN 27 AM 10:58  
CLERK MAIL ROOM  
TALLAHASSEE, FLORIDA

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**Merchant Real Estate International LLC**

Page 1 of 2

**If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:**

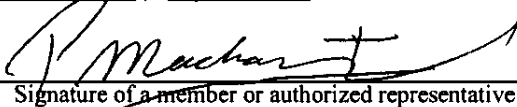
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	Shiv Dilawri	500 State Road 436 suite 2016 Casselberry FL 32707	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgr	Anand Aggarwal	500 State Road 436 suite 2016 Casselberry FL 32707	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgr	Derek Nicholson	500 State Road 436 suite 2016 Casselberry FL 32707	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgr	Praneal Merchant	500 State Road 436 suite 2016 Casselberry FL 32707	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mgr	Krina Merchant	500 State Road 436 suite 2016 Casselberry FL 32707	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 22 / June, 2012



Signature of a member or authorized representative of a member

Dr. Pradeep Merchant

Typed or printed name of signee

FILED  
JUN 27 10 08 AM  
CLERK OF COURT  
JULIA A. BROWN  
CLERK OF COURT