L13000080733

(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:		

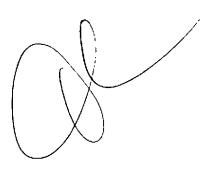
Office Use Only



800417442538

10/31/23--01044--011 ++75.00

2023 OCT 31 AM 9: 58



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Meridian Global Merchant				
Name of Limited Liability		_		
DOCUMENT NUMBER: L13000080733		_		
The enclosed Resignation of Registered Agent for a Limited for filing.	f Liability Company and fee a	ire sul	omitte	d
Please return all correspondence concerning this matter to the	he following:			
United States Corporation Agents, Inc.				
Name of Person	-			
Legalzoom.com, Inc.				
Name of Firm/Company	•			
9900 Spectrum Dr.				
Address	-			
Austin, TX 78717			~>	
City/State and Zip Code	<u>?</u>		023 (
raresignations@legalzoom.com	j		2023 OCT 3	j [
E-mail address: (to be used for future annual report notification)		になった。	<u>~</u>	
For further information concerning this matter, please call:	r r		A	
at (at (773-0888		9: 5 8	Carta.
Name of Person Area Code	Daytime Telephone Number			

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi-	sions of section 605.0115, Florida Statutes, the unders	igned.	
United States Corporation Agents, Inc.		hereby resigns as	
	Name of Registered Agent	nereby resigns as	
Registered Agent for	Meridian Global Merchants, LLC		
,	Name of Limited Liability Company	_	•
L13000080733			
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limited liability co	ompany at its last known address.	
The agency is termina	ated and the office discontinued on the 31st day after t	he date on which this statement is	filed.
	Signature of Resigning Agent	2023 OCT 3 I	77
If signing on behalf o	fan entity:	T31 AHAS	il
	Cheyenne Moseley	S.	5 [************************************
	Typed or Printed Name	SEE.	
	Asst. Secretary for United States Corporation Ager	nts, Inc.	
	Capacity		

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314