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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT:	LC			
	(Name of Limi	(Name of Limited Liability Company)			
The er	nclosed member, resignation or dissocia	ation and fee(s	e) are submitted for filing.		
Please	e return all correspondence concerning t	his matter to:			
MIC	CHAEL E.MAGUIRE				
	(Contact Person)		_		
ME	RCEDES MORTGAGE, LLC				
	(Firm/Company)		_		
330	N. BABCOCK STREET, SUITE 10	3	_		
	(Address)				
ME	LBOURNE, FL 32935				
	(City/State and Zip Code)		_		
For fu	orther information concerning this matte	r, please call:			
MIC	CHAEL E. MAGUIRE	321	626-8186		
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee					
	EET/COURIER ADDRESS:		MAILING ADDRESS:		
Registration Section		Registration Section			
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327			
	n Building Executive Center Circle		Tallahassee, Florida 32314		
Tallahassee, Florida 32301					

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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: MI	ERCEDES MORTGAGE,	LLC
2. The Florida doc	~	ssigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/res	signed or will withdraw/resign is: 8-17-18
4. I, COY A. CLARK (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
MANAGER		
	(Print Title)	
of this limited lia resignation in wr	· ·	ne limited liability company has been notified of my
Cón	G. Clay issociating Member or Resig	
Signature of D	issociating Member or Resig	ning Manager
-	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	