# L1400001603

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

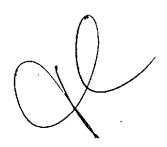
Office Use Only



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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: MER Business Associates	s LLC	
Name of Limited Liability	y Company	
DOCUMENT NUMBER: L14000011623		
The enclosed Resignation of Registered Agent for a Limited for filling.	d Liability Company and fee are submitted	
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	- 2	
9900 Spectrum Dr.	2023 FEB 21 SEUNE LAIN TALLAHA	77
Address	- EB -	- 13 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12
Austin, TX 78717	هي پساط	
City/State and Zip Code	AH 8: 21 SSEE. FL	
raresignations@legalzoom.com	: 26	
E-mail address: (to be used for future annual report notification)	-	
For further information concerning this matter, please call:		
800	773-0888	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	ions of section 605.0115, Florida Statutes, the undersi	gned.	
United States Corporation Agents, Inc.		, hereby resigns as	
	Name of Registered Agent	ioreo, resigns as	
Registered Agent for	MER Business Associates LLC		
	Name of Limited Liability Company		·
L14000011623			
Document i	Number, if known		
A copy of this resigna	tion was mailed to the above listed limited liability co	mpany at its last known add	ress.
The agency is termina	ted and the office discontinued on the 31st day after the	ne date on which this stateme	ent is filed.
	Signature of Resigning Agent	SEC	2023 FEB 2
If signing on behalf of	an entity:	A.,	
	Cheyenne Moseley	ALLAHASSEE	2
	Typed or Printed Name		$\frac{1}{2}$
	Asst. Secretary for United States Corporation Agen	its, Inc.	~ <b>O</b>
	Capacity	—— <del>π</del> Σ	~

## FILING FEES:

\$85.00 Active limited liability company
\$25.00 Administratively 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