

L14000016138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECURITY OF STATE  
TALLAHASSEE FLORIDA

CRM  
10-7-14

CRM  
9/25

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** METLC LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ZAMEL ALAQILI  
(Contact Person)

METLC LLC  
(Firm/Company)

6513 pine walk Dr.  
(Address)

New port Richey-Fl. 34655  
(City/State and Zip Code)...

For further information concerning this matter, please call:

ZAMEL ALAQILI at (727) 375-9696  
(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

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

**FILED**  
14 OCT -6 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
14 OCT -6 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: ME TLC LLC

2. The Florida document/registration number assigned to this limited liability company is:

L14000016138

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9-15-2014

4. I, ZAMEL ALAΦILI, hereby withdraw/resign as a (resign)  
(Print Name of Person Resigning)

MGRM  
(Print Title)

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

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2014

ZAMEL M. ALAQILI  
ME TLC, LLC  
6513 PINE WALK DRIVE  
NEW PORT RICHEY, FL 34655-1185

SUBJECT: ME TLC, LLC  
Ref. Number: L14000016138

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorrect form was submitted.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

Letter Number: 514A00020627

RECEIVED  
14 OCT -6 PM 4:00  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314