

L) 4000090213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

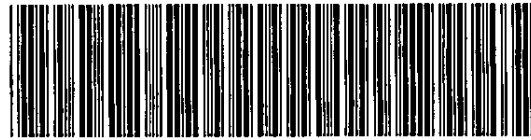
(Business Entity Name)

(Document Number)

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DIVISION OF REVENUE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Meqger Optimization Management, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000090213

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter M. Starling
Name of Person

Starling Law, P.A.
Name of Firm/Company

599 9th St. N. #203
Address

Naples, FL 34102
City/State and Zip Code

Peter@Starlinglawfl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Starling at (239) 302-6062
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

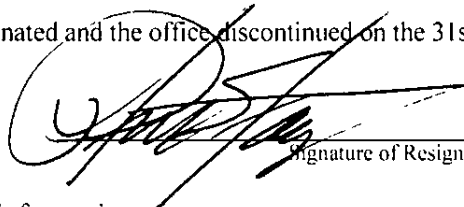
Peter Starling, hereby resigns as
Name of Registered Agent

Registered Agent for Megger Optimization Management, LLC
Name of Limited Liability Company

L14000090213
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	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

FILED
17 NOV 13 PM 3:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA