## L15000090952

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Ameridocks LLC (Name of Limited Liability Con	npany)
The enclosed member, resignation or dissociation and fee(s	) are submitted for filing.
Please return all correspondence concerning this matter to:	
Carolyn Bright Contact Person)	-
Ameritacks LC (Firm'Company)	-
7318 Amber Drive (Address)	-
New Port Richey FL 34653 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
(Name of Contact Person) at (121 (Area Code	) 848 6475 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing  CLEEK 3114	Pepartment of State for: 3 Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

PETARY OF STATE

## 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:	meridocks, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L15000	090952
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Sutt M. (Print N	. Bright , hereby withdraw/resign as a ame of Person Resigning)
Registered	Agent Momber. Pribi Tide)
of this limited lial resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
kott /	M Bush
	ssociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)