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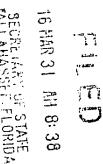
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APROA 7016 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Merriment Enterprises 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:
Anthony Williams Or (Contact Person)
Merriment Enterprises LLC (Firm/Company)
5764 N. Orange Bloscom Trail #161 (Address)
Orlando, FL 32810 (City/State and Zip Code)
For further information concerning this matter, please call:
Anthony W. Mams Jr at (302) 897-7620 (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 \$\sum \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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 compan	y as it appears on the i	records of the Flo	orida De _l	partment
of State is:	Jerriment Enter	prises LLC			
2. The Florida docu	ment/registration number	er assigned to this limi	ited liability com	pany is:	
L1600	00 <i>56305</i>	•			
	mber/manager withdrew Manjale ame of Person Resigning)				<u>-201</u> 6
of this limited liab resignation in wri	Print Title) Dility company and affirm ting.	m the limited liability	·	TAL MACHINE	
Signature of Di	ssociating Member or R	esigning Manager		DRIDA	ಱ ರ ಚಿ
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				