117000158104

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(Address)				
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(City/State/Zip/Phone #)				
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COVER LETTER

TO:	Registration Section Division of Corporations			
SI IRI	MERU MOTORS LLC			
SUD	(Name of Limited Liability Company)			
The e	enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.	
Please	e return all correspondence concerning	g this matter to	:	
RAN	DY MENENDEZ			
	(Contact Person)		_	
	(Firm/Company)			
6234	SW 127 PL			
	(Address)	•	_	
MIAN	MI, FL, 33183			
	(City/State and Zip Code)		_	
For fu	arther information concerning this ma	tter, please call	:	
RAN	DY MENENDEZ	786	515-3440	
	(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)	
	osed please find a check made payable 5 Filing Fee		Department of State for: g Fee & Certified Copy	
	EET/COURIER ADDRESS:		MAILING ADDRESS:	
_	stration Section ion of Corporations		Registration Section Division of Corporations	
	on Building		P.O. Box 6327	
	Executive Center Circle hassee, Florida 32301		Tallahassee, Florida 32314	

CR2E079 (2/14)



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)

The name of the limited liability company as it appears on the records of the Florida Department of State is: MERU MOTORS LLC
2. The Florida document/registration number assigned to this limited liability company is: L17000158104
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/30/2019
4. I,, hereby withdraw/resign as a, hereby withdraw/resign as a,
MGR
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)