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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Merit Pest Control LLC		
(Name of L	imited Liability Co	mpany)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to:	
Michael Lancaster		
(Contact Person)		~
Merit Pest Control LLC		
(Firm/Company)		_
11906 Walden Lane		
(Address)		_
Dunnellon, FL 34431		
(City/State and Zip Code)		_
For further information concerning this ma	tter, please call:	
Michael Lancaster	352 at (207-1229
(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301		

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)

1. The name of the	limited liability company as	it appears on the records of the Florida Department
of State is: Mer	it Pest Control LLC	·
2. The Florida doc L1800008045		signed to this limited liability company is:
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is:
4. I, Knox F Strav	wbridge	, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	
MGMR		
	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
Kalex		<u>.</u>
Signature of D	sociating Member or Resign	ing Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:		