L18000099652

(Red	questor's Name)	
(Add	dress)	·
(Add	dress)	
(, , , ,	3.0 30,	
(City	y/State/Zip/Phone #	#)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Name	
•	•	•
(D)		
(Doc	cument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to F	Eiling Officer	
Special instructions to r	"ling Officer.	1
		j
		Ì
		1
		}
		1

Office Use Only



10/03/20--01014--009 **25.00

O SIMMONS

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Mera & Tuna, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L18000099652	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jazmine Johnson at (at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisio	ons of section 605.0115, Florida Statutes, the unders	igned.
United States Corp	poration Agents, Inc.	hereby resigns as
	Name of Registered Agent	
Registered Agent for $\frac{N}{N}$	Mera & Tuna, LLC	
	Name of Limited Liability Company	·
L18000099652		
Document N	umber, if known	
A copy of this resignati	on was mailed to the above listed limited liability co	ompany at its last known address.
The agency is terminate	ed 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 a	an entity:	
	Cheyenne Moseley	
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Age	nts, Inc.
	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

 $Y \neq \emptyset$