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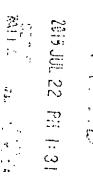
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MERIT EXPYESS 22C (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:
LONG-WIS VI/SAINT (Contact Person)
MERIT EXPRESS LLC (Firm/Company)
2011 LORI LN W (Address)
LAKeland, Fl 33801 (City/State and Zip Code)
For further information concerning this matter, please call:
LONGWIS VILSAINT at (718) 406 - 3305 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Clifton Building

Division of Corporations

2661 Executive Center Circle

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)

	e limited liability com			of the Florida De	partment
of State is:	MERIT E	xpress	LLC		
2. The Florida doc	ument/registration nu	mber assigned to	this limited liabi	ility company is:	22
L196	00013985	<u> 20</u> .		63° ₂	
3. The date this me	ember/manager withd	rew/resigned or w	/ill withdraw/res	ign is: <u>07/1</u>	<u>21 /2</u> 01
4. I, <u>MAR</u>	IF VIISAIN Name of Person Resigning	, her	eby withdraw/res	sign as a	/
S.E.	CRETAR)	<u>/_</u> .			
of this limited lia resignation in wi	ibility company and a riting.	ffirm the limited I	iability company	y has been notific	ed of my
OHa	rie Vilsa	int			
Signature of D	issociating Member o	r Resigning Mana	iger		
Filing Fee:	\$25.00 (Required	•			
Certified Copy:	\$30.00 (Ontional))			