

L19000199291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

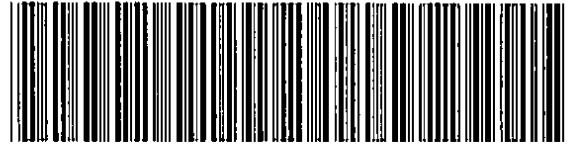
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FL

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D. BRUCE

AUG 27 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Meraki Capital Financial, 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:

Brigitte E. Cordoba  
(Contact Person)

Meraki Capital Financial, LLC  
(Firm/Company)

2119 Taft Street  
(Address)

Hollywood, FL 33020  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brigitte Cordoba at (954) 708-5552  
(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

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRETARY OF STATE  
TALLAHASSEE, FL

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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: Meraki Capital Financial LLC.

2. The Florida document/registration number assigned to this limited liability company is:

L 19000199291

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/6/2020

4. I, Gabriella R. Barnes, hereby withdraw/resign as a  
(Print Name of Person Resigning)

President  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Gabriella Barnes

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUL 15 AM 7:56

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