L20 000205915

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

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COVER LETTER

Division of Corporations	
SUBJECT: Mewick Dri (Name of Limited)	Ve, LLC Liability Company)
The enclosed member, resignation or dissociatio	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Carmen Quale (Contact Person)	
Merrich Brive, LLC (Firm/Company)	<u></u>
1960 EVAD QUE	
Deltona Fl 30 (City/State and Zip Code)	72-5
For further information concerning this matter, p	lease call:
Vanifer Martinez at (Name of Contact Person)	386) 457-8661 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
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



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: Mervick Drne LLC
2. The Florida document/registration number assigned to this limited liability company is: L 20000 205915
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-21-202
4.1. Jennifer Z. Mertinez, hereby withdraw/resign as a (Print Name of Person Resigning)
Auturize Person. (Print Title)
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)