# L21000046866

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PICK-UP WAIT MAIL			
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### **COVER LETTER**

SUBJECT: Merxca Trading Company, LLC  Name of Limited Liability Company  DOCUMENT NUMBER: L21000046866				
Please return all correspondence concernir	ng this matter to	the following:		
Sarah Balen				
Name of Person		_		
MyCompanyWorks, Inc.				
Name of Firm/Company		_		
187 E. Warm Springs Rd., Suite B				
Address		_		
Las Vegas, NV 89119				
City/State and Zip Code		<del>-</del>		
filings@mycompanyworks.com				
E-mail address: (to be used for future annual	report notification)	_		
For further information concerning this ma	atter, please call:			
Sarah Balen	702	362-2677 Daytime Telephone Number		
Name of Person	Area Code	Daytime Telephone Number		

### MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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 provision	ons of section 605.0115. Florida Statutes, the unc	dersigned,
Registered Agent Solutions, Inc		_ , hereby resigns as
		Hereby realigns as
Registered Agent for _	Merxca Trading Company, LLC	
	Name of Limited Liability Company	
L21000046866		
Document N	iumber, if known	₩ 2
	ion was mailed to the above listed limited liabilited and the office discontinued on the 31st day af	
	/s/ Jennifer Peters	PHI2: 21
	Signature of Resigning Agent	2:
If signing on behalf of	an entity:	
	Jennifer Peters	
	Typed or Printed Name	<del></del>
	Assistant Secretary of Registered Agent Solu	itions, 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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