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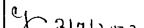


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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: MEARES ENTERPRISES LLC Name of Limited Liability	Campany
Name of Limited Liability	Company
DOCUMENT NUMBER: <u>1.21000359751</u>	
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	ie following:
Chelsea Chapman	
Name of Person	
Legaline Corporate Services, INC.	
Name of Firm/Company	
10601 Clarence Dr Ste 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Code	
ra@legalinc.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Chelsea Chapman 844 at (386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	of section 605.0115, Florida Sta	atutes, the undersigned,		
Legaline Corporate Services, INC. Name of Registered Agent		, hereby resi	_ , hereby resigns as	
		, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_ (1101003) 10018/10 (12)	
Registered Agent for MEA	ARES ENTERPRISES LLÇ			
	Name of Limited Liability (Company		
1.21.000359751 Document Number	er, if known			
A copy of this resignation v	vas mailed to the above listed I	imited liability company at it	s last known address.	
The agency is terminated ar	nd the office discontinued on th	ne 31st day after the date on v	which this statement is	filed.
-	Bach!	Massa. Resigning Agent	· 2	
If signing on behalf of an er	,	Resigning Agent	2022 NOV 14 SECHE // HA	
	Zachary Math	iewson	/ ILL PI	
	Typed or Printed		PH SSE	ह ैं हैं प ्रे
<u>O</u>	n Behalf of Legalinc Corporate S	Services, INC.		
	Capacity		5: 32 SIATE E. FL	*

FILING FEES:

S 85.00 Active limited liability company
S 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