## 123000044407

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| J. HORNE                                |  |  |  |  |  |
| J. HORNE<br>DEC 17 2024                 |  |  |  |  |  |

Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

TO:

| SUBJECT: Merchant Task Force LLC |                                     |               |           |  |  |
|----------------------------------|-------------------------------------|---------------|-----------|--|--|
|                                  | (Name of Limited Liability Company) |               |           |  |  |
| The enclosed member.             | resignation or dis                  | ssociation a  | nd fee(:  | s) are submitted for filing.                           |  |
| Please return all corres         | pondence concerr                    | ning this ma  | itter to: |  |  |
| E                                | ileen Perez                         |               |           |  |  |
| (Contact Person)                 |                                     |               |           | _  |  |
| Mercha                           | nt Task Force LLC                   |               |           |  |  |
| (Firm/Company)                   |                                     |               | _         |  |  |
| 14 NE                            | 1st Ave STE 1108                    |               |           | _  |  |
|                                  | (Address)                           |               |           |  |  |
| Mia                              | ami, FL 33132                       |               |           | _  |  |
| (Cit                             | y/State and Zip Code)               |               |           |  |  |
| For further information          | n concerning this i                 | matter, plea  | ise call: |  |  |
| Eileen F                         | Perez                               | at (          |           | _) _532-2132   |  |
| (Name of Cor                     | ntact Person)                       | (Ar           | ea Code   | & Daytime Telephone Number)                            |  |
| Enclosed please find a           | check made paya                     | ible to the F | lorida I  | Department of State for:                               |  |
| <b>№</b> \$25 Filing Fee         |                                     |               |           | g Fee & Certified Copy                                 |  |
| Mailing Address:                 |                                     |               |           | Street Address:  |  |
| Registration Se                  | ction                               |               |           | Registration Section                                   |  |
| Division of Cor                  | rporations                          |               |           | Division of Corporations                               |  |
| P.O. Box 6327                    |                                     |               |           | The Centre of Tallahassee                              |  |
| Tallahassee, FL                  | , 32314                             |               |           | 2415 N. Monroe Street, Suite 81 Tallahassee, F1, 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 a | ppears on the records of the Florida Department |
|--|-----------------------------------|---|
| of State is:                             | Merchant Task Force LLC           | <u>;                                    </u>    |
| 2. The Florida doc                       | ument/registration number assign  | ned to this limited liability company is:       |
|  | L23000044407                      | <b>-</b> ∹                                      |
| 3. The date this me                      | ember/manager withdrew/resigne    | ed or will withdraw/resign is: 11-01-2024       |
| 4. I Gedam Gebremichael                  |                                   | _, hereby withdraw/resign as a                  |
|  | Name of Person Resigning)         |   |
| Me                                       | mber / Owner                      |   |
|  | (Print Title)                     |   |
| of this limited lia<br>resignation in wr |                                   | nited liability company has been notified of my |
|  | Godan                             |   |
| Signature of D                           | issociating Member or Resigning   | : Manager                                       |
| Filing Fee:                              | \$25.00 (Required)                |   |
|  | \$30.00 (Optional)                |   |