

M11000006475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

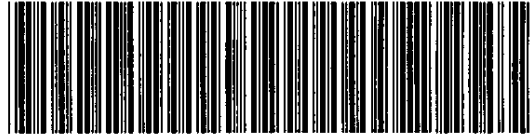
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Merit Advisors GP, LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Duncan Simpson

\_\_\_\_\_  
(Name of Person)

Merit Advisors GP, LLC

\_\_\_\_\_  
(Firm/Company)

P.O. Box 170

\_\_\_\_\_  
(Address)

Gainesville, Texas 76241

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Duncan Simpson

\_\_\_\_\_  
(Name of Person)

at ( 940 ) 612-5037  
\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Merit Advisors GP, LLC

\_\_\_\_\_  
(Name of limited liability company)

Texas

\_\_\_\_\_  
(Jurisdiction of its organization)

December 29, 2011

\_\_\_\_\_  
(Date registered with Florida Department of State)

M11000006475

\_\_\_\_\_  
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

  
\_\_\_\_\_  
(Signature of authorized representative)

Duncan Simpson

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**