M17 00 0009282

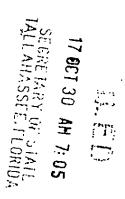
(Requestor's Name)				
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phone			
(,			
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
·	·	,		
	cument Number)			
(50	coment (vamber)			
0.00.10.1	0 177			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
		i		

Office Use Only



300305081363

10/30/17--01030--021 **25.00



COVER LETTER

• TO: Registration Section Division of Corporations

SUBJECT:	CHURUN I	MERU HOL	LDINGSLLC	
30B0BC1	Name of Lir	nited Liabilit	ty Company	
DOCUMENT NUMBER: F15000002609				
The enclosed Resignation of R for filing.	egistered Agent	for a Limite	ed Liability Company and fee are submit	ted
Please return all correspondence	e concerning th	is matter to t	the following:	
Kaitie S	Sperry			
Name of	Person	<u> </u>	_	
Corporate I	Direct, Inc.			
Name of Firm	n/Company		_	
2248 Meridiar	n Blvd., Ste H			
Addr	ess		_	
Minden, N	IV 89423			
City/State an	d Zip Code		•	
info@corpor	atedirect.com			
E-mail address: (to be used for	future annual repor	t notification)	_	
For further information concer	ning this matter.	, please call:		
Kaitie Sperry	я	775	782-2201	
Name of Person		Area Code	e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florida Statut	es, the undersigned.
Gerri Detweiler		, hereby resigns as
}	Name of Registered Agent	, thereby testigns us
Registered Agent for	CHURUN MERU H	OLDINGSLLC
	Name of Limited Liability Comp	pany
MIZO	0000-9282	
Document Nun	ber, if known	
A copy of this resignation	was mailed to the above listed limi	ted liability company at its last known address.
The agency is terminated	and the office discontinued on the 3	1st day after the date on which this statement is filed
	J. Detwee Signature of Resi	gning Agent 25
If signing on behalf of an	entity:	17. H. J. C. T. C.
	Gerri Detweile	er sping Agent
•	Typed or Printed Nar	ne Try
	Registered Age	ent 5 7
•	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