

M21000008501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

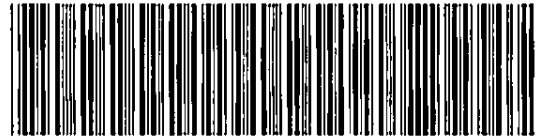
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500409860495

LLC  
Withdrawal

FILED

2023 JUN -7 AM 8:20  
CLERK OF STATE  
CORPORATE FILINGS

AD

2023 JUN -7 PM 1:57  
CLERK OF STATE  
CORPORATE FILINGS

A. RAMSEY  
JUN 15 2023  
JUN 16 2023

\*02250, 00524, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 8, 2023

CT CORP

TALLAHASSEE, FL 32312

SUBJECT: MERIDIAN LIQUIDS PARTNERS, LLC  
Ref. Number: M21000008501

**CORRECTED**  
**Please Allow For**  
**Same File Date**

We have received your document for MERIDIAN LIQUIDS PARTNERS, LLC and the authorization to debit your account in the amount of \$55.00. However, the document has not been filed and is being returned for the following:

Meridian Liquids Partners LLC is a Delaware limited liability company not a Florida limited liability company. In order to file this conversion Meridian Liquids Partners LLC must be a Florida limited liability company.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Annette Ramsey  
OPS

Letter Number: 223A00012996

\*

RECEIVED  
2023 JUN 15 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CT CORP**  
**(850)656-4724**  
**3458 Lakeshore Drive,**  
**Tallahassee, FL 32312**

**Date:** 06/07/2023

Acc#I20160000072

*en: c DW*

Name:	Meridian Liquids Partners, LLC
Document #:	
Order #:	14782046

Certified Copy of Arts & Amend:	<input type="checkbox"/>	1-2 FILING   Withdrawal 1st - Qualification 2nd	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Meridian Liquids Partners, 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:

Carol Wieseler

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

Meridian Liquids Partners, LLC

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

124 Walnut St

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

Yankton, SD 57078

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

For further information concerning this matter, please call:

Carol Wieseler

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

605

260-7830

at (

\_\_\_\_\_) \_\_\_\_\_  
(Area Code & Daytime Telephone Number)

**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

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

FILED

2023 JUN -7 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Meridian Liquids Partners, LLC

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

Delaware

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

07/01/2021

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

M21000008501

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

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

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

/s/ Jared Brim

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

Jared Brim

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

**Filing Fee: \$25.00**