

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Abandonment of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF ABANDONMENT OF MERGER**

Pursuant to section 605.1024(4), Florida Statutes, I hereby submit the following Statement of Abandonment of Merger prior to the effective date of the merger:

**FIRST:** The names of each party to the plan of merger:

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**SECOND:** The date articles of merger the articles of merger were delivered for filing

is: \_\_\_\_\_

**THIRD:** The merger has been abandoned in accordance with 605.1024(4).

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Typed or Printed Name of Signature

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Typed or Printed Name of Signature

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**