

L13000127547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

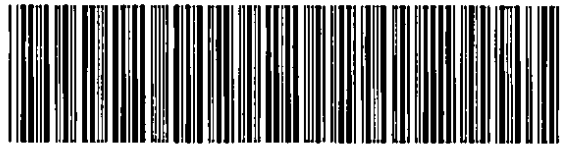
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2020 MAR 16 PM 3:18

C. GOLDEN

MAR 11 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SACHI LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

SARAVANA BHAVA

(Contact Person)

SACHI LLC

(Firm/Company)

9406 CAVENDISH DRIVE

(Address)

TAMPA, FL, 33626

(City/State and Zip Code)

For further information concerning this matter, please call:

SARAVANA BHAVA

(Name of Contact Person)

at ( 813 ) 484 1305

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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



2020 OCT 16 PM 3:18

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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 appears on the records of the Florida Department of State is: **SACHI LLC**

2. The Florida document/registration number assigned to this limited liability company is:

**L13000127547**

3. The date this member/manager withdrew/resigned or will withdraw/resign is: **OCT 23 2019**

4. I, **SHRISHA SARAVANA**, hereby withdraw/resign as a  
(Print Name of Person Resigning)

**MANAGER**  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

*Shrisha*

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)