

L050000 003 147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

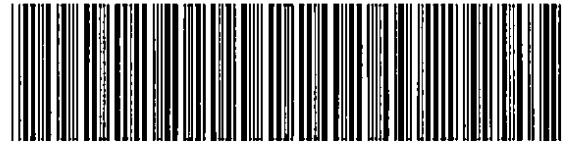
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900335500639

10/21/19--01032--012 **55.00

FILED

2019 OCT 21 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. GULKER

NOV 07 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shubh Hotels Detroit, 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:

Lara Kapalla-Bondi

(Contact Person)

Miller Canfield Paddock & Stone PLC

(Firm/Company)

150 West Jefferson Avenue, Suite 2500

(Address)

Detroit, MI 48226

(City/State and Zip Code)

For further information concerning this matter, please call:

Lara Kapalla-Bondi

(Name of Contact Person)

313 496-7573

at (_____) _____
(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

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



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: Shubh Hotels Detroit, LLC

2. The Florida document/registration number assigned to this limited liability company is: L05000003147

3. The date this member manager withdrew/resigned or will withdraw/resign was: 4/23/2008

4. I, Sanjay Patel, hereby confirm that in 2008 I withdrew as a
(Print Name of Person Resigning)

member
(Print Title)

of this LLC. I affirm that the LLC's manager knew of my dissociation in 2008 and that I have also confirmed the dissociation in a writing to the LLC.

Signature of Dissociating Member

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