Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number :

: (850)617-6383

From:

Account Name : SNYDER & SNYDER, P.A.

Account Number : I20160000107 Phone : (954)475-1139 Fax Number : (954)475-2634

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: COIPOSONCICK JOWPO. COM

10 14 3:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JACARANDA INTERNATIONAL ENTERPRISES LLC

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Certificate of Status	0
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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT:Incaranda International Enterprises LL	С
(Name of Limit	ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning t	is matter to:
Shawn C, Snyder, Esq.	
(Contact Person)	
Snyder & Snyder, P.A.	
(Firm/Company)	
7931 Orange Drive	
(Address)	
Davic, FL 33328	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Brittany Kennedy, Legal Assistant	954 475-1139 nt ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
s mestalable trans a had at the at 1	Tallahassee, FL 32303

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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)

The name of the limited liability company as it appears on the records of the Florida Dep of State is: Jacanuarda International Enterprises LLC	artment		
2. The Florida document/registration number assigned to this limited liability company is: L05000052924			
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4. 1, Vikram Patel (Print Name of Person Resigning) Manager			
of this limited liability company and affirm the limited liability company has been notified resignation in writing. Signature of Dissociating Member or Resigning Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	w SECRETARY OF STATE OF ALLAHASSEE, FLORING	. [17	APPROVED