

U050000067313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

U05-67313

(Document Number)

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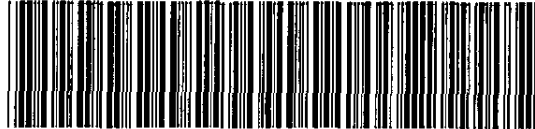
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BUSINESS BROKERS OF JACKSONVILLE, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NITIN CHANDARIA

(Name of Person)

BUSINESS BROKERS OF JACKSONVILLE, LLC

(Firm/Company)

4720 SALISBURY ROAD, SUITE # 219

(Address)

JACKSONVILLE, FL 32256

(City/State and Zip Code)

For further information concerning this matter, please call:

NITIN CHANDARIA

(Name of Person)

at (540) 836-0693 CELL PHONE
904 807 8477 OFFICE

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &
Certified Copy

Chg # 3029



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, NITIN CHANDARIA, hereby resign as MANAGING MEMBER /
(Title) MANAGER
of BUSINESS BROKERS OF JACKSONVILLE, LLC,
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA.

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

Nitin Chandaria

(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE FLORIDA