(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone#	9)
PICK-UP	WAIT ·	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	:
Certified Copies	_ Certificates o	f Status
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kigdar Enterprises (Name of Limited	L.L.C. Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Dharamdai Sinsh (Contact Person)	
(Firm/Company)	
5033 Sunridge Palms Drive (Address)	:
Tampa, FL 33617 (City/State and Zip Code)	
For further information concerning this matter,	please call:
(Name of Contact Person) at	(813) 407-9383 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the State of	ne Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it				ent ·
2. This limited liab	ility company was organized u				
3. The Florida doci	ument/registration number of t	his limited liability co	ompany is:		
4	9 8232	·	1 7		
4.1, Dhara		, hereby resign as	a <u>Manag</u> Prindi	1 <u>ng/^L</u> 11e) J	lember
	bility company and affirm the	limited liability comp	any has been no	tified of n	ny
resignation in wr	gning Member, Managing Me	∠' ember or Manager			
Filing Fee: Certified Copy:	` • ′		SECRETARY OF STATALLAHASSEE, FLOR	2007 JUL 26 PH 1:	