106000023029

(Requestor's Name)				
(Address)				
(Address)				
V	,			
(Cit	ty/State/Zip/Phone a	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name	e)		
. (20	omoso Emily Harri	-1		
<u> </u>				
(Document Number)				
Certified Copies Certificates of Status				
		1		
Special Instructions to Filing Officer:				
		·		
(NOV 50 0 2012				
(NOV = 9 2012				
L. SELLERS				

Office Use Only



800241485558

11/07/12--01007--009 **25.00

FILED
12 NOV -7 PH 4: 58
SECRETARY OF STATE
AND AND FLORIDA

CANTWELL & GOLDMAN, P.A.

Attorneys and Counselors At Law 96 Wilfard Street, Suite #302 Cocoa, FL 32922-7947 Telephone: (321) 639-1320 Facsimile: (321) 639-9950

www.CantwellandGoldmanPA.com

William H. Cantwell, II 1,2 Mitchell S. Goldman Michael C. Kelley Jay R. Thakkar

Board Certified Construction Lawyer and Board Certified Business Litigation Lawyer Also Member of West Virginia Bar

November 5, 2012

Florida Department of State Divisions of Corporations Registration Section Registration Section P.O. Box 6327 Tallahassee, FL 32314

RE: Mohini Investments, L.L.C.

Dear Sir:

Please find the enclosed resignation of Trushar Naik as Managing Member of the above referenced Limited Liability Company along with Check #3774 in the amount of \$25.00, which represents the fees associated with the resignation.

Should you have any questions, please do not hesitate to contact our office.

Very truly yours,

Monique Heineman,

Assistant to Michael C. Kelley, Esq.

enc: as stated

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MOHINI INVESTMENTS, L.L.C.	
(Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are subfiling.	mitted for
Please return all correspondence concerning this matter to:	
MICHAEL C. KELLEY	
(Contact Person)	
CANTWELL & GOLDMAN, P.A.	
(Firm/Company)	
96 Willard Street, Suite 302	
(Address)	
Cocoa, Florida 32922	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Michael Kelley 321 321 639-1320	
(Name of Contact Person) (Area Code & Daytime Telephone Nur	nber)
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: MAILING ADDRESS	:
Registration Section Registration Section	
Division of Corporation Division of Corporation	_
Clifton Building P.O. Box 6327	S
2661 Executive Center Circle Tallahassee, Florida 323	

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		s of the Florida Department		
2. This limited liab FLORIDA	ility company was organized	l under the laws of:			
3. The Florida doci	ament/registration number of	f this limited liability con	npany is:		
4. I, TRUSHAR S. NAIK (Print Name of Person Resigning)		, hereby resign as a	, hereby resign as a Managing Member (Print Title)		
of this limited lia resignation in wr	bility company and affirm th	e limited liability compa			
	\$25.00 (Required) \$30.00 (Optional)		12 NOV - SECRETA TALLAHA		

CR2E079 (5/06)