(Re	questor's Name)	
(0.4	dress)	
(Au	uress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		}
Resign		
0	05110-1	L .



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COVER LETTER

Division of Corporations	
SUBJECT: BARANDEH INVESTM	ENTS, LLC
5 C D C C C C C C C C C C C C C C C C C	ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning t	his matter to:
SASAN M HOSEIN	
(Contact Person)	
BARANDEH INVESTMENTS, LLC	2
(Firm/Company)	
11038 CATLEMAIN CIRCLE EAS	ST
(Address)	
JACKSONVILLE, FL 32256	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
SASAN M HOSEIN	_{at} (904) 998-3110
(Name of Contact Person)	(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:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

The name of the limited liability company as of State is: BARANDEH INVESTME	it appears on the records of the Florida Department	
2. This limited liability company was organized under the laws of: FLORIDA		
3. The Florida document/registration number of L06000040768	f this limited liability company is:	
4. I, SASAN M HOSEIN	hereby resign as a MGRM	
(Print Name of Person Resigning) of this limited liability company and affirm th resignation in writing.	(Print Title) ne limited liability company has been notified of my	
Signature of Resigning Member Memoring N	> \/11/07	
organica of Nosigning many	9	

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)