

LD.000079460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

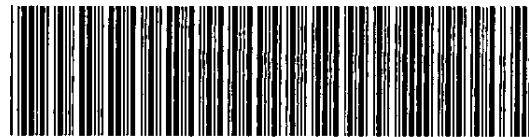
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

APR 27 2011

EXAMINER



800202968798

04/25/11--01046--020 **25.00

FILED
11 APR 25 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

From:

04/19/2011 15:25

#522 P.001/002

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHREEJI REALTY OF INDIA LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

4780 OCKEECHOBEE BLVD, WEST PALM BEACH, FL. 33417
(Contact Person)

SHREEJI REALTY OF INDIA LLC
(Firm/Company)

4780 OCKEECHOBEE BLVD
(Address)

WEST PALM BEACH, FL. 33417
(City/State and Zip Code)

For further information concerning this matter, please call:

NARAYAN J SAVDAS at (561) 386-7793
(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:
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

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

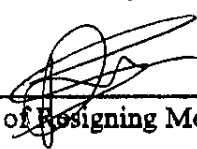
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SHREEJI REALTY OF INDIA LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L06000079460

4. I, SANJAY RISHI, hereby resign as a MGRM
(Print Name of Person Resigning) (Print Title)

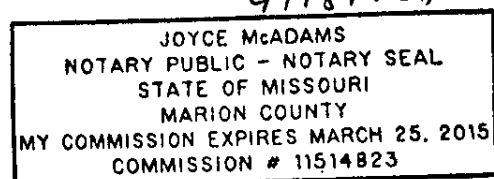
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



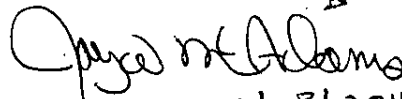
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

CR2B079 (5/06)



FILED
11 APR 25 PM 12:17
SECRETARY OF STATE
ALLAHASSEE, FLORIDA


4/18/2011