## L07000007732

(Re	questor's Name)	
(Ad	dress)	
	·	
· (Ad	dress)	
<b>,</b>	<b>,</b>	
(Cit	y/State/Zip/Phon	<u> </u>
(Cit	y/State/Zip/Pfion	θ #)
☐ PICK-UP	☐ WAIT	MAIL
	<b>—</b> ******	
		•
(Bu	siness Entity Nai	me)
(Do	cument Number)	
Certified Copies	Certificate	s of Status
Special instructions to	Filing Officer:	
	A. LU	INT
		1
	JUL -9	2010
Ţ	EXAMI	NED
[	-V41411	INCH

Office Use Only



900183033899

07/08/10--01018--005 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DIO JUL -8 PM 12: 30 Becreiary of State

## **COVER LETTER**

Registration Section

TO:

CR2E079 (5/06)

Division of Corporations				
SUBJECT. VEERASAMMY MANGA	шс	*		•
BCB0BC1.	Liability Company)	ra i	·	
	, comment of the comm	· T		٠. ٠
The enclosed member, managing member or m filing.	anager resignation a	nd fee(s) are	submitted:	l for
Please return all correspondence concerning this	is matter to:	•	•	
Jean DeJesus		:		
(Contact Person)				
·			35	~
DeJësus Accounting Services, Inc		ř.		
(Firm/Company)		·	22	2010 JUL
		•	ASS.	6
2935 Pembridge Street	•	:	111	•
(Address)	<del></del>			
		1		• •
Kissimmee, FL 34747		·		 က
(City/State and Zip Code)				
For further information concerning this matter,	please call:	i	. ,	
			•	
Jean DeJesus	407 301	4794		
(Name of Contact Person)	(Area Code & Daytin	ne Telephon	e Number)	· • ·
Enclosed please find a check made payable to t  \$25 Filing Fee	\$55 Filin		for:	
STREET/COURIER ADDRESS:	MAILI	NG ADDR	ESS:	
Registration Section	Registration Section			
Division of Corporations	Divisio	n of Corpore		
Clifton Building	P.O. Bo			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallaha	ssee, Florida	a 32314	



## 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 of State is: VEERASAMMY MANGAL		of the Florida Dep	artment
2. This limited liability company was organized u FLORIDA	under the laws of:	JUL -8 PM	
3. The Florida document/registration number of the Document Number L0700000773	_	STATE LORIDA is:	
4. I, MANGALI, PADMINI L.P	, hereby resign as a	President	
(Print Name of Person Resigning)  of this limited liability company and affirm the resignation in writing.	limited liability compar	(Print Title)  ny has been notified	d of my

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