L07000021148

KATHY OF D-RSCUI (Requestor's Name)				
(Requestor's Name)				
416 E. Tennesseest (Address)				
(Address)				
•				
(Address)				
Fallahalsee, F-(3230 (City/State/Zip/Phone #)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
JOGShri LLC (Business Entity Name)				
(Business Entity Name)				
·				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



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TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE OF STATE OF CORPORATION OF CORPORATION 2009 SEP 17 PM 1: 2

99 SEP 17 PM 1: 23
SEGRE TARY OF STATE
AND ASSEE, FLORIG

C. LEWIS
SEP 1 7 2009
EXAMINER



FILED

09 SEP 17 PM 1: 23

SECRETARY OF STATE TALLAHASSEE. FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		any as it appears on the records	s of the Florida Department
of State is: Y	ogshri ,LLc		
<u> </u>			
3			
2. This limited li	ability company was orga	anized under the laws of:	
State of F	⁻ lorida		
::		· · · · · · · · · · · · · · · · · · ·	
3. The Florida do	ocument/registration num	ber of this limited liability con	npany is:
10700	0021148		
111	<u> </u>		1 . ^
4. I, Neerja P	ande	hereby resign as a	MYR
· -	t Name of Person Resigning)	,,,	(Print Title)
of this limited I	liability company and affi	irm the limited liability compa	ny has been notified of my
resignation in v	· · ·	, ,	•
5			
_ 👗 ∩	leerfalande	-	
Signature of Re	esigning Member, Manag	ing Member or Manager	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)