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COVER LETTER

TO: **Registration Section Division of Corporations** SUBJECT: LEXUS INVESTMENTS 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: **NILESH SHAH** (Contact Person) (Firm/Company) **4220 W KING STREET** (Address) **COCOA, FL 32926** (City/State and Zip Code) For further information concerning this matter, please call: **NILESH SHAH** (Area Code & Daytime Telephone Number) (Name of Contact Person) 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: **MAFLING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations. P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle



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 is of State is: LEXUS INVESTMENTS LI		Department .
2. This limited liability company was organized un STATE OF FLORIDA	nder the laws of:	
3. The Florida document/registration number of the L07000055044	is limited liability company is:	SECRETAL TALLAHAS
4. I. NILESH SHASTRI	, hereby resign as a MGRM	18 A
(Print Name of Person Resigning)	(Print T	tic) — T
of this limited liability company and affirm the li- resignation in writing.	mited liability company has been no	tified of my 0:
x) white		•
Signature of Resigning Member, Managing Mem	nber or Manager	
Filing Fee: \$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)