## L07000/04311

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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FILED SECRETARY OF STATE DIVISION OF CORPORATION

## **COVER LETTER**

TO: Registration Section Division of Corporations	i ·
SUBJECT: SAVE TIME AND GO L.L	C.
(Name of Limited	Liability Company)
The enclosed member, managing member or ma filing.	inager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
SHIRAZ A. MITHA	
(Contact Person)	
SAVE TIME AND GO L.L.C.	
(Firm/Company)	
3216 TIDAL POOL COVE	
(Address)	
LAKE MARY, FL 32746	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
SHIRAZ A. MITHA at	(407) 617-3149
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	ne 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)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as VE TIME AND GO L	s it appears on the records of the .L.C.	e Florida Department	
2. This limited liab	ility company was organized FLORIDA	d under the laws of:		
3. The Florida docu L07000104	•	of this limited liability company	is:	
4. I. PUSHPA I	MITHA	, hereby resign as a MG	RM	
(Print Name of Person Resigning)		· •	(Print Title)	
resignation in wri		he limited liability company has	been notified of my	
Signature of Resi Filing Fee: Certified Copy:	gning Member, Managing Member, Me	Member or Manager	OF OCT 31 AMII:	
	i		T AT	