## 1000123920

(Requestor's Name)		
(Address)		
(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

MAY - 4 2009

**EXAMINER** 



400154961164

05/01/09--01035--019 \*\*25.00

09 MAY -1 PH 1: 49

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
	Division of Corporations	
SUBJ	JECT: KISSIMMEE PETRO LLC	
		Limited Liability Company)
The e		or manager resignation and fee(s) are submitted for
Pleas	e return all correspondence concerni	ng this matter to:
JON	ATHAN WILLIAMS ESQ	
	(Contact Person)	<del></del>
	(Firm/Company)	
149 5	S RIDGEWOOD AVE, SUITE 100	
	(Address)	
D 41/1	TONA BEACH EL 20114	
DAT	(City/State and Zip Code)	
For fi	urther information concerning this m	atter, please call:
JONA	ATHAN WILLIAMS	at (_386) 338-0674
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo		e to the Florida Department of State for:
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy
		Сентей Сору
STRE	EET/COURIER ADDRESS:	MAILING ADDRESS:
Regis	tration Section	Registration Section
	ion of Corporations	Division of Corporations
Clifto	n Building	P.O. Box 6327
2661	Executive Center Circle	Tallahassee, Florida 32314
Tallal	nassee, 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

1. The name of the limited liability company as it appears on the records of the Florida l		
of State is: KISSIMMEE PETRO LLC		
•		
2. This limited liability company was organized	under the laws of:	
FLORIDA		
	54 C 10 C 4 10 100	
3. The Florida document/registration number of	this limited liability company is:	
L07000123920	<del></del> -	
NEEDA LIKANDAD	MANAGED	
4. I, NEERAJ KAMDAR	, hereby resign as a MANAGER	
(Print Name of Person Resigning)	(Print Title)	
	e limited liability company has been notified of my	
resignation in writing.		
, A. A		
(X) eari (Xanda		
Signature of Resigning Member, Managing M	1ember or Manager	
	Ţ,	

ON MAY -1 PM I: I.Q

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)