## L09000014585

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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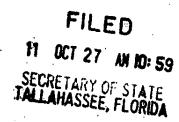
SECRETARY OF STATE
ANASSEE EL ORDA

N. Cultigen | OCT 2 8 2011

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VISHMEE LLC (Name of Limite	d Linbility Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	is matter to:
RASHMI PATEL	
(Contact Person)	
VISHMEE LLC	
(Firm/Company)	
5392 10TH STREET	
(Address)	The second secon
MALONE FL 32445	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
BILL BRUNSON	334 894-0012
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	he Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
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 compar of State is: VISHMEE LLC	ry as it appears on the records of the Florida Department
2. This limited liability company was organ FLORIDA	nized under the laws of:
3. The Florida document/registration numb	er of this limited liability company is:
4.1. MEENA PATEL	hereby resign as a MEMBER
(Print Name of Person Resigning)	(Print Mile)
of this limited liability company and affine resignation in writing.	m the limited liability company has been notified of my
meena. RAHEL	meena partel
Signature of Resigning Member, Managin	ng Member or Manager
<b>1911 19 19 19 19 19 19 19</b>	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	

CR2E079 (\$/UG) .