

L160000020137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

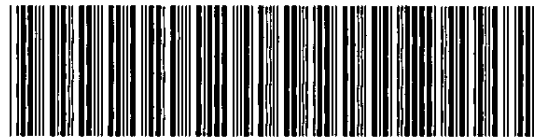
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

DEC - 9 2013

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 19, 2013

MUKESH PATEL  
176 TUSCANY BEND ST  
DAYTONA BEACH, FL 32117

SUBJECT: MAYUR ENTERPRISE L.L.C.  
Ref. Number: L10000020137

We have received your document for MAYUR ENTERPRISE L.L.C. and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

You have submitted 2 separate filing forms. The cost for each is \$25.00. A total of \$50.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 513A00026767

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ADMINISTRATIVE SERVICES  
DIVISION

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAYUR ENTERPRISE 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:

MUKESH G PATEL  
(Contact Person)

176 TUSCANY BEND ST  
(Address)

DAYTONA BEACH FL 32117  
(City/State and Zip Code)

For further information concerning this matter, please call:

MUKESH PATEL at ( 770 ) 715-5148  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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:**

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

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TALLAHASSEE, FLORIDA



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 Department of State is: MAYUR ENTERPRISE LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L10000020137

4. I, MAYUR PATEL, hereby resign as a MGRM  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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