

L100000083136

(Requestor's Name)

(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



600215742016

01/05/12--01017--005 \*\*25.00

FILED

2012 JAN -5 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

JAN 11 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Synlogiq, 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:

Souren Sarkar

(Contact Person)

Synlogiq, LLC

(Firm/Company)

2885 SANFORD AVE SW #14006

(Address)

GRANDVILLE MI 49418

(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 JAN -5 AM 9:27

FILED

For further information concerning this matter, please call:

Souren Sarkar

(Name of Contact Person)

at ( 786 ) 348-5595

(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



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: Synlogiq, 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:  
L10000083136

4. I, RESHMA 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)

FILED  
2012 JAN -5 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA