

L12000044250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

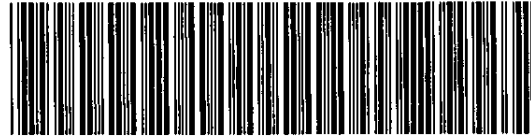
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 15 AM 11:44

JUN 18 2012

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IndiCube 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:

David Perez

(Contact Person)

IndiCube LLC

(Firm/Company)

12815 NW 45th Ave, Bay 4

(Address)

Opa Locka, FL 33054

(City/State and Zip Code)

For further information concerning this matter, please call:

David Perez

(Name of Contact Person)

at ( 305 ) 807 1087

(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: IndiCube 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:  
L12000044250

4. I, Tejas Choksi, 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.

Tejas Choksi

Signature of Resigning Member, Managing Member or Manager

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

CR2E079 (5/06)

NOTARY PUBLIC STATE OF FLORIDA  
Annette Hernandez  
Commission # EE067774  
Expires FEB. 24, 2015  
BONDED THROUGH ATLANTIC BONDING CO., INC.

[Signature]

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 15 AM 11:45