

L/2000053/24

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

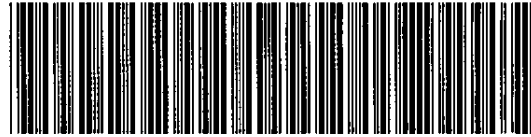
Special Instructions to Filing Officer:

A. LUNT

AUG 15 2011

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**LABRECQUE
& COMPANY**

1202 Nebraska Avenue
Palm Harbor, FL 34683
Phone: 727-786-8228
Fax: 727-789-2021

email: ecl@phcpa.net
www.PalmHarborCPA.net
www.ElderFinancialAnswers.com

August 9, 2012

Registration Section
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Gentlemen:

Enclosed is a check made payable to the Florida Department of State in the amount of \$25.00 and the executed copy of the Resignation of a Member from a Florida Limited Liability Company, SNP Group, LLC.

If you have any questions, please contact us.

Sincerely,
LaBrecque & Company CPAs

E. C. LaBrecque
Edward C. LaBrecque, PhD, CPA, CGMA

ECL:smh
Encl.
Cc: SNP Group, LLC

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SNP Group, 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:

Herpreet S Bhinder
(Contact Person)

SNP Group, LLC
(Firm/Company)

7201 66th Street N
(Address)

Pinellas Park, FL 33781
(City/State and Zip Code)

For further information concerning this matter, please call:

Edward C. LaBrecque at (727) 786-8228
(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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SECRETARY OF STATE
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: SNP Group, 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:
L12000053124

4. I, Prerna Mehta, hereby resign as a Manager & Member
(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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TALLAHASSEE, FLORIDA

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