## L12000066526

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(City/State/Zip/Phone #)
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(Business Entity Name)
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X00789, 00524, 006715/11/14

## **COVER LETTER**

SUBJECT:  PATEL DCRUZ LLC  (Name of Limited Liability Company)  The enclosed member, resignation or dissociation and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  GANESH KUMAR NELSON  (Contact Person)  (Firm/Company)  6300 WICKHAM ROAD, SUITE 122  (Address)  MELBOURNE, FL. 32935  (City/State and Zip Code)  For further information concerning this matter, please call:  GANESH KUMAR NELSON  (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	TO: Registration Section	
Name of Limited Liability Company)  The enclosed member, resignation or dissociation and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  GANESH KUMAR NELSON  (Contact Person)  (Firm/Company)  6300 WICKHAM ROAD, SUITE 122  (Address)  MELBOURNE, FL. 32935  (City/State and Zip Code)  For further information concerning this matter, please call:  GANESH KUMAR NELSON  (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	Division of Corporations	
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\$25 Filing Fee & Certified Copy		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Registration Section	_	_
Division of Corporations  Division of Corporations	•	• • • • • • • • • • • • • • • • • • •
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		1 alianassee, Florida 32314

CR2E079 (2/14)



April 11, 2014

Ganesh Kumar Nelson 6300 Wickham Road Suite 122 Melbourne, FL 32935

SUBJECT: PATEL DCRUZ LLC Ref. Number: L12000066526

We have received your document for PATEL DCRUZ LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please fill in line 3 with the date the member/manager resigned or will resign.

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) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 214A00007865



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED
284 APR 30 PM 2: 09

MALAHASSEE, ELORIBA

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	Elimited liability company as it appears on the records of the Florida Department
2. The Florida doc L1200066526	ument/registration number assigned to this limited liability company is:
CO. 41 (C) 1 (1)	ember/manager withdrew/resigned or will withdraw/resign is: APRLIC 1, 2014  PATEL  Name of Person Resigning)  Name of Person Resigning)
MRG	
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)