

L12000111045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

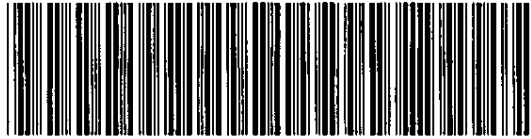
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*Myrm Resignation*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pointe Tibet Trading 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:

ROSHAN DHARIA  
(Contact Person)

PTHL Affiliates  
(Firm/Company)

1815 Puidy Ave  
(Address)

Miami Beach, FL 33159  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

ROSHAN DHARIA at (212) 274 1884  
(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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: POINTE TIBET TRADING LLC

2. The Florida document/registration number assigned to this limited liability company is:

L12000111045

3. The date this member/manager withdrew/resigned or will withdraw/resign is:

4/8/15

4. I, ROSHAN DHARIA, hereby withdraw/resign as a

(Print Name of Person Resigning)

MANAGING MEMBER

(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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

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TALLAHASSEE, FLORIDA