

L13000018421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

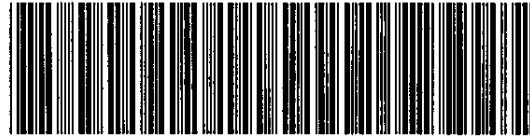
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT - 3 2014

T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **RUDRYAGYAN LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**VIJAY PATEL**

Name of Person

**J & S ASSOCIATES**

Firm/Company

**244 SEINA GARDENS CIR**

Address

**GOTHA, FLORIDA 34734**

City/State and Zip Code

**VIJAY@JNSASSOCIATE.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**VIJAY**

Name of Person

at ( **470** ) **253-5330**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2014

VIJAY PATEL  
J & S ASSOCIATES  
244 SEINA GARDENS CIR  
GOTHA, FL 34734

SUBJECT: RUDRAGYAN, LLC  
Ref. Number: L13000018421

We have received your document for RUDRAGYAN, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 414A00020544

RUDRYAGYAN LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RIKESH PATEL	8140 WEKIVAWAY	<input checked="" type="checkbox"/> Add ✓
		JACKSONVILLE	<input type="checkbox"/> Remove
		FLORIDA-32256	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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14 OCT -2 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

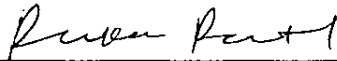
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N.A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 9/30/2014



Signature of a member or authorized representative of a member

**PRITIKABAHEN PATEL**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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