

L13 000173810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

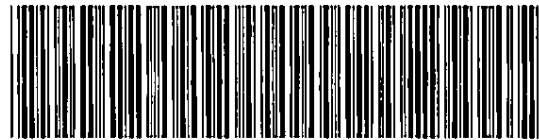
(Business Entity Name)

(Document Number)

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

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05/20/19--01023--014 \*\*25.00

R. WHITE  
JUN 05 2019

FILED  
2019 MAY 20 PM 1:44  
CLERK OF COURT  
JULIA A. WHITE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GALAXY ENTERPRISES 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:

PRADIP PATEL

(Contact Person)

(Firm/Company)

150 E ROBINSON ST, UNIT #3307

(Address)

ORLANDO, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

PRADIP PATEL

(Name of Contact Person)

at (407) 579-5050  
(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

FILED

2019 MAY 20 PM 1:44

CLERK OF THE COURT  
TALLAHASSEE, FL

**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: GALAXY ENTERPRISES LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13000173810

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/15/2019

4. I, ANJALI SIVAKUMARAN, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AUTHORIZED MEMBER

(Print Title)

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

X [Signature]  
Signature of Dissociating Member or Resigning Manager

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