L14 0000 05596

(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RG Botts Enterprises, LLC (Name of Limi	ted Liability Company)
The enclosed member, resignation or dissocia	
Please return all correspondence concerning t	his matter to:
Shyam Mundra	
(Contact Person)	,,
(Firm/Company)	
12113 Wasatch Ct	
(Address)	
Tampa, FL	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Shyam Mundra	813 391-3990
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$\square
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

CR2E079 (2/14)



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)

	e limited liability company as Botts Enterprises, LLC	it appears on the records of	the Florida Department
2. The Florida doc L1400000559	nument/registration number as 96	ssigned to this limited liabilit	ty company is:
3. The date this m	ember/manager withdrew/res	igned or will withdraw/resign	
,	Name of Person Resigning)		<u> </u>
Partner	v v		6 AUG
(Print Title)			S5 1 22
of this limited lia resignation in w	ability company and affirm the	e limited liability company h	nas been notified of my
Signature of D	issociating Member or Resig	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		