## L1500056224

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	<del>:</del> #)		
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TALLAHASSEE, FLORIDA

WAY BUT

## COVER LETTER

**TO:** Registration Section Division of Corporations

SUBJECT: GHANSHYAM, LLC				
	mited Liability Co	ompany)		
The enclosed member, resignation or dissoc	ciation and fee	(s) are submitted fo	r filing.	
Please return all correspondence concerning	g this matter to	:		
CHRISTINE KEITH				
(Contact Person)		<del></del>		
LGS ACCOUNTING				
(Firm/Company)		<del></del>		
1517 COMMERCIAL PARK DR.			70	~
(Address)		<del></del>	SEC.	2015 NOV
LAKELAND, FL 33801			新兴 西京	91 AUN
(City/State and Zip Code)		<del></del>	tu≃ til-<	
For further information concerning this mat	ter, please call	:	FL03	ار از
CHRISTINE KEITH	863 at (	667-1740	₽ P	- - -
(Name of Contact Person)	(Area Coo	le & Daytime Teleph	one Numbe	er)
Enclosed please find a check made payable ■ \$25 Filing Fee		Department of Stating Fee & Certified (		
STREET/COURIER ADDRESS:		MAILING ADI		
Registration Section Division of Corporations		Registration Section Division of Corporations		
Division of Corporations		Division of Corp	CIMITOH	

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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	s it appears on the records of the Florida Department
of State is: GHA	ANSHYAM, LLC	
2. The Florida doc	ument/registration number a	ssigned to this limited liability company is:
L1500005622	4	,
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:
4. I, VAIBHAV G. PATEL  (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
MANAGER		
	(Print Title)	
of this limited lia resignation in wr	· · · · · · · · · · · · · · · · · · ·	he limited liability company has been notified of my
Parat	<u>e</u>	
Signature of D	issociating Member or Resig	gning Manager
_	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	