L16000147508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
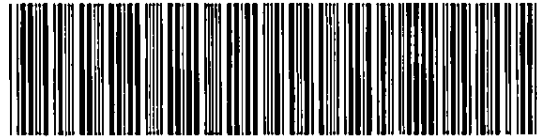
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 0 6 2017

J SHIVERS

COVER LETTER

TO: Registration Section
      Division of Corporations

SUBJECT: __Plliouras, 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:

Parth Patel

_____
            (Contact Person)

_____
            (Firm/Company)

1610 SE Paradise Circle

_____
            (Address)

Crystal River, FL 34429

_____
        (City/State and Zip Code)

For further information concerning this matter, please call:

Parth Patel   352   257-9562

_____ at (_____) _____
  (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: **MAILING ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
Clifton Building   P.O. Box 6327
2661 Executive Center Circle   Tallahassee, Florida 32314
Tallahassee, Florida 32301

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: **Piliouras, LLC**

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

   L16000147508

3. The date this member/manager withdrew/resigned or will withdraw/resign is: **08/08/16**

4. I, **Paresh Desai**, hereby withdraw/resign as a
   (Print Name of Person Resigning)

   AMBR
   (Print Title)

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

   _____
   Signature of Dissociating Member or Resigning Manager

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

CR2E079 (2/14)