## L17000009451

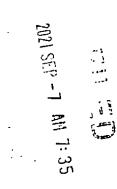
(Requ	uestor's Name)	
(Addr	ess)	
——————(Addr	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nar	ne)
•	•	ŕ
(Doci	ument Number)	
,	,	
Certified Copies	Certificates	s of Status
	001411104104	
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Special Instructions to Fi	ling Officer:	

Office Use Only



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RESIMATION

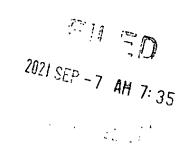
SEP 24 2021 LALBRITTON

## **COVER LETTER**

TO: Regis	stration Section	•	
Divis	sion of Corporations		,
SUBJECT:	INDUS INVESTMENT G	ROUP LLC	
	(Name of	Limited Liability Cor	mpany)
The enclosed	d member, resignation or dis		
Please return	all correspondence concern	ing this matter to:	
Steve Eape	en		
	(Contact Person)		_
Indus Inves	stment Group LLC		
	(Firm/Company)		_
277 Engler	nook Dr		
	(Address)		_
Debary FL	. 32713		_
	(City/State and Zip Code)		
For further in	nformation concerning this n	natter, please call:	
Steve Eape	en	407	923-8883
(N	lame of Contact Person)		& Daytime Telephone Number)
Enclosed ple □ \$25 Filing	ease find a check made payab g Fee		Department of State for: g Fee & Certified Copy
•	OURIER ADDRESS:		MAILING ADDRESS:
Registration Division of 0	Section Corporations		Registration Section Division of Corporations
Clifton Build	•		P.O. Box 6327
2661 Execut	tive Center Circle Florida 32301		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)

of State is:	
. The Florida document/registration number a	assigned to this limited liability company is:
The date this member/manager withdrew/re	signed or will withdraw/resign is:
. I, (Print Name of Person Resigning)	
MNG MEMBER	
(Print Title)	
of this limited liability company and affirm tresignation in writing.	he limited liability company has been notified of my
Kalpana Bhalta	_
Signature of Dissociating Member or Resi	gning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required) \$30.00 (Optional)