## 117000054963

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( <i>j</i>	Address)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SYNERGY HOSPITALITY I	
(Name of Lin	nited Liability Company)
The enclosed member, resignation or dissoci	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
DILIP PATEL	
(Contact Person)	
SYNERGY HOSPITALITY LLC	
(Firm/Company)	
18151 HERON WALK DR.	
(Address)	
TAMPA. FLORIDA 33647	
(City/State and Zip Code)	<del></del>
For further information concerning this matt	er, please call:
DILIP PATEL	813 482-6207
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t  \$25 Filing Fee	to the Florida Department of State for:  \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, 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)

1. The name of the	limited liability company as	s it appears on the records of the Flo	rida Department
of State is: SYN	ERGY HOSPITALITY LL	.C	
2. The Florida docu L1700005496	_	assigned to this limited liability com	pany is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:	0-15-2017 
4. I, CHIRAG PAI	RMAR	hereby withdraw/resign as a	
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a	
M			
	(Print Title)		
of this limited lial resignation in wr	· · · ·	he limited liability company has bee	n notified of my
diracy	Turnet		
Signature of Di	ssociating Member or Resig	gning Manager	
	\$25.00 (Required) \$30.00 (Optional)		· <u>9</u> ;