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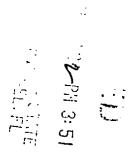
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COVER LETTER

Division of Corporations SUBJECT: Hindiu Funerals of America, 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: Gregory W. Young (Contact Person) Hindu Funerals of America (Firm/Company) 6823 Wagon Wheel Circle (Address) Sarasota, Florida 34243 (City/State and Zip Code) For further information concerning this matter, please call: Gregory W. Young) 524-6888 (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 Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section



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	e limited liability company as it appears on	the records of the Florida Department
of State is: Hind	lu Funerals of America, LLC	
2. The Florida doc	cument/registration number assigned to this	s limited liability company is:
L 17000150552	·	
3. The date this me	ember/manager withdrew/resigned or will	withdraw/resign is: June 18, 2021
4. I. Christopher M. (Print)	Young , hereby lame of Person Resigning)	withdraw/resign as a
Partner	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liabi	lity company has been notified of my
	si K	<u>, , , , , , , , , , , , , , , , , , , </u>
Signature of-Di	ssociating Member or Resigning Manager	3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	<u> </u>