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	(Requestor's Name)			
200	(Address)			
· · · -	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FRIENDS OF FL LLC	
(Name of L	imited Liability Company)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
NAVJOT K BRAR	
(Contact Person)	
FRIENDS OF FL LLC	
(Firm/Company)	
4402 O'ROURKE CT	
(Address)	
WESLEY CHAPEL, FL 33543	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
NAVJOT K BRAR	864 359-6351
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable ☐ \$25 Filing Fee	to the Florida Department of State for: \$\sim\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

_	igned or will withdraw/resign is	4/23/2008. PR
_	igned or will withdraw/resign is	4/23/2018.
RAR		Lan.)
	, hereby withdraw/resign a	PM 1: 0
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mpany and affirm th	e limited liability company has	been notified of my
Singh	Brer	
):	erson Resigning) (le) company and affirm the	erson Resigning)