

L19000 165 695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

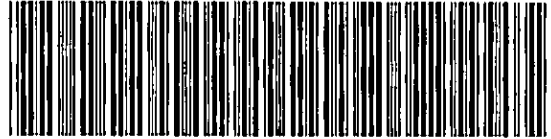
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/28/20--01015--002 **35.00

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2020 SEP 28 P 12: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/4/20

VS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KAVITA UTTAMCHANDANI 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:

KAVITA UTTAMCHANDANI
(Contact Person)

KAVITA UTTAMCHANDANI LLC
(Firm/Company)

P.O. Box 691989
(Address)

Orlando FL 32869
(City/State and Zip Code)

For further information concerning this matter, please call:

KAVITA UTTAMCHANDANI at (239) 691-2289
(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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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: KAVITA UTTAMCHANDANI LLC

2. The Florida document/registration number assigned to this limited liability company is:
1.19000165695

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/21/2020

4. I, Vijay Uttamchandani, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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

2020 SEP 28 P 12: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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