L19000270680

(Re	questor's Name)	
(Ad	dress)	
(Address)		
,	•	
(C:	y/State/Zip/Phone	. #0
(Cit	yrotaterzipirmone	: #)
PICK-UP	WAIT	MAIL
	siness Entity Nan	ne)
(50	Siliess Liluty Ivali	ne)
		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800358673838

81/75/31--01019--817 •*25.88



3/8/21

COVER LETTER

TO: Reg	sistration Section		
Div	ision of Corporations		
SUBJECT	INDIAN BROS LLC		
	(Name of	imited Liability Company)	
The enclose	ed member, resignation or diss	ociation and fee(s) are submitted for filing	g.
Please retur	rn all correspondence concerni	ng this matter to:	
MRUGESHK	CUMAR K PATEL		
	(Contact Person)		
	(Firm/Company)	. 	
8067 Ludingt	ton Circle		
	(Address)		
Orlando, FL	32836		
	(City/State and Zip Code)		
For further	information concerning this m	utter, please call:	
MRUGESHK	KUMAR K PATEL	at (352) 256 1239	
(!	Name of Contact Person)	(Area Code & Daytime Telephone Nu	ımber)
Enclosed pl	• -	e to the Florida Department of State for: \$\square\$ \$55 Filing Fee & Certified Copy	
	ing Address:	Street Address: Registration Section	
	istration Section ision of Corporations	Division of Corporation	ns
P.O.	. Box 6327	The Centre of Tallahass	see
Tall	ahassee, FL 32314	2415 N. Monroe Street Tallahassee, FL 32303	, Suite 810



FILED

2021 JAN 25 PH 4: 52

SECRETARY OF STATE
TALLAMASTES SE

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)

The name of the limited liability company as it appears on the records of the Florida Department of State is: INDIAN BROS LLC			
2. The Florida doc L19000270680	rument/registration number assigned to this limited liability company is:		
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:		
Mitesh Kiranbh			
Member	vame of Ferson Resigning)		
	(Print Title)		
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.		
	Water.		
Signature of D	issociating Member or Resigning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		