

L19000290079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

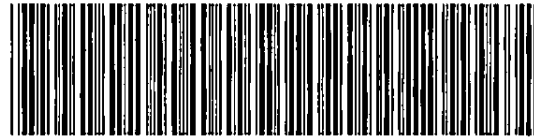
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

Can
2/9/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Discovery Indian Cuisine 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:

Amita Doshi

(Contact Person)

Discovery Indian Cuisine LLC

(Firm/Company)

38593 US Hwy 19 N,

(Address)

Palm Harbor, FL 34684

(City/State and Zip Code)

For further information concerning this matter, please call:

Amita Doshi

813 6957257
at ()

(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

State of Florida Acknowledgement Notary Certificate

STATE OF FLORIDA
COUNTY OF PINELLAS

On 12/07/2020, before me, HENRY RODRIGUEZ, a notary public, personally appeared by physical presence, ATULES BISWAS who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the attached LLC PARTNERSHIP WITHDRAWAL [name of document] instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or entity upon behalf of which the person(s) acted executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State listed above that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Personally known OR
Produced Identification x Type of Identification produced: FLORIDA STATE ID

(Signature of notary public)

My commission expires: 04/12/2023



Official Seal