## 119000290019

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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12/28/20--01024--013 \*\*25.00

2020 DEC 28 AM 9: 56
SECRETARY OF STATE
TALLAHASSETATI

219121

#### **COVER LETTER**

TO:	_	stration Section			
	Divis	ion of Corporations			
SUBJ	IECT:	Discovery Indian Cuisine Ilc			
2017		(Name of Limited Liability Company)			
The e	nclosed	I member, resignation or diss	sociation and fee(	s) are submitted for filing.	
Please	e return	all correspondence concern	ing this matter to	:	
Amita	Doshi				
		(Contact Person)	<u> </u>	_	
Discov	very Indi	an Cuisine LLC			
		(Firm/Company)		<del>_</del>	
38593	US Hw	y 19 N,			
	-	(Address)		<del></del>	
Palm I	Harbor, l	FL 34684			
		(City/State and Zip Code)		_	
For fu	urther i	nformation concerning this n	natter, please call	:	
Amita	Doshi		813 at (	6957257	
•	(N	ame of Contact Person)		e & Daytime Telephone Number)	
Enclo	sed ple	ase find a check made payat	ole to the Florida	Department of State for:	
	5 Filing			ng Fee & Certified Copy	
	Mailir	ng Address:		Street Address:	
		stration Section		Registration Section	
		sion of Corporations		Division of Corporations	
	_	Box 6327		The Centre of Tallahassee	
	Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303	

CR2E079 (2/14)



#### FILED

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SECRETARY OF STATE TALL AHASSEE, FL

#### 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: Disco	overy Indian Cuisine LLC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
F19000	290079
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
A seeling Difference	, hereby withdraw/resign as a large of Person Resigning)
( <i>Print N</i> Partner	ame of verson kesigning)
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
May	
Signature of Di	issociating Member or Resigning Manager
-	\$25.00 (Required)
Certified Conv.	\$30.00 (Ontional)

# State of Florida Acknowledgement Notary Certificate

### COUNTY OF PINELLAS STATE OF FLORIDA

acknowledged to me that that he/she/they executed the same in his/her/their authorized capacity(ies), and that 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 foregoing paragraph is true and correct, WITNESS my hand and official seal. executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State listed above that the by his/her/their signature(s) on the instrument the person(s) or entity upon behalf of which the person(s) acted On \_12/07/2020 \_\_ before me, HENRY RODRIGUEZ \_\_\_\_ a notary public, personally appeared by physical

(Signature of notary public)

Personally known

QR

My commission expires: 04/12/2023

Produced identification x Type of identification produced; FLORIDA STATE ID

Official Seal