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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: TILAK EMTER PRISES, 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:				
SILPA.Y. AMIN (Contact Person)				
TILAK ENTER PRISES, LLC (Firm/Company)				
12813 GETTYS BURG CIRCLE (Address)				
ORLANDO, FL 32837 (City/State and Zip Code)				
For further information concerning this matter, please call:				
SILPAY AMIN at (786) 354-6007 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\sum_\sum_{\set\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sin_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\sum_\sym_{\sym_\sym_\sem_\sem_\sem_\sem_\sem_\sem}\sem}\sem_\sem}\sem_\sem_\sem_\sem_\sem}\sem_\sem_\sem_\sem_\sem}\sem_\sem_\sem_\sem_\sem_\sem_\sem_\sem_				
Mailing Address:Street Address:Registration SectionRegistration Section				

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



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: T	ILAK ENTER PRISES, LAC	·
2. The Florida doc	ument/registration number assigned to this limited liab	oility company is:
L 2100	0129720	
3. The date this me	ember/manager withdrew/resigned or will withdraw/re	sign is: IMMEDIATE
4. 1, Yoghend	, hereby withdraw/re	esign as a
MGR	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability compariting.	ny has been notified of my
Way ku	issociating Member or Resigning Manager	
Signature of D	issociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	۶٬۰ ن برج
Certified Copy:	\$30.00 (Optional)	