L23000352877

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ			
	(Name of	f Limited Liability Co	ompany)
The er	nclosed member, resignation or dis	sociation and fee((s) are submitted for filing.
Please	return all correspondence concerr	ing this matter to	:
Parima	d Butala		
	(Contact Person)		_
WELC	OME USA LLC		
	(Firm/Company)		waren
11508	Messler Rd.		
	(Address)		
Gibson	nton, Florida 33534		
-	(City/State and Zip Code)		
For fu	rther information concerning this r	natter, please call	:
Parima	il Butala	813 at (892-8197)
	(Name of Contact Person)		e & Daytime Telephone Number)
Enclos	sed please find a check made paya	ble to the Florida	Department of State for:
	5 Filing Fee		ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303

CR2E079 (2/14)







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 ap	opears on the records of the Florida Department
of State is:	da Welcome USA	uc
2. The Florida docu L23000352877	ument/registration number assign	ed to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned	d or will withdraw/resign is: 7/24/24
4. I, NIMIESH NAG	AR Name of Person Resigning)	, hereby withdraw/resign as a
MGR	, , , ,	
	(Print Title)	
of this limited lia resignation in wr		nited liability company has been notified of my
	rank	
Signature of Di	issociating Member or Resigning	Manager
•	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	