L24000051341

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TO: Registration Section
Division of Corporations

PARK847 LLC SUBJECT:		
	f Limited Liability C	ompany)
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to	:
KONDU, SRINIVASA R		
(Contact Person)		_
PARK847 LLC		
(Firm/Company)		_
4581 GLEN KERNAN PKWY EAST,		
(Address)		_
JACKSONVILLE, FL 32224		
(City/State and Zip Code)		_
For further information concerning this r	natter, please cal	l:
KONDU, SRINIVASA R	913 at (269-4683
(Name of Contact Person)	(Area Coo	le & Daytime Telephone Number)
Enclosed please find a check made payab ■ \$25 Filing Fee □	le to the Florida \$55 Fili	Department of State for: ng 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



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FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA

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: PARK847 LLC.	
2. The Florida document/registration number assigned to this lim L24000051341	ited liability company is: .
3. The date this member/manager withdrew/resigned or will wither	draw/resign is:
4. I, Shashidhar Galipalli , hereby with (Print Name of Person Resigning)	ndraw/resign as a
Manager (Print Title)	
of this limited liability company and affirm the limited liability cresignation in writing.	company has been notified of my
a. 8l	 -
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required)	

Certified Copy: \$30.00 (Optional)