.P04000112754

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: VISHAL FOODS OF REGENCY, INC. (Name of Corporation)
DOCUMENT NUMBER: P04000 112754
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RUBEN LAYNG JR. (NEW PRESIDENT) (Name of Person)
(Name of Person) H9 VISHAL FOODS OF REGENCY, INC. (Name of Firm/Company)
11191 WYNDHAM HOLOW LANE (Address)
TACK-PONVILVE, FL 322-46 (City/State and Zip Code)
For further information concerning this matter, please call:
RUBEN LAYUG JR. at (904) 651 9282 (Name of Person) at (904) Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, NARESH WALSWELA (Name of Registered Agent)
hereby resigns as Registered Agent for VISHAL FOODS OF REGENCY, INC (Name of Corporation)
P04000 112 754
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
(Signature of Resigning Agent) If signing on behalf of an entity: NAPRSH MAISURGA (Typed or Printed Name)
NARBUL MAICURIA
NARRSH MAISURCA (Typed or Printed Name)
Tu o
PRASIDANT. (PRESIDENT)
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314