# F12000001815

	questor's Name)	
(Ке	questors Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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SECRETARY SHARE

Ra Rosignation

## **COVER LETTER**

SUBJECT: NIRMAL, INC.			
	me of Limited Liabili	ity Company	
DOCUMENT NUMBER: F1200000	11815 	<u> </u>	
The enclosed Resignation of Registered for filing.	d Agent for a Limit	ed Liability Company	and fee are submitted
Please return all correspondence conce	rning this matter to	the following:	
Gina M. Corona			
Name of Person		_	
National Corporate Research, Ltd.			
Name of Firm/Compa	iny	_	
615 S. Dupont Hwy			
Address		<u> </u>	
Dover, DE 19901			
City/State and Zip Co	de	<u> </u>	FACE 5
			FR T
E-mail address: (to be used for future ann	nual report notification)	_	55.7 2
For further information concerning this	s matter, please call	:	P P
Gina M. Corona	866	<sub>、</sub> 621-3524	A SETTING
Name of Person	Area Coc	621-3524 le Daytime Telephone	Number

#### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# 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, National Corporate Research, Ltd.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for NIRMAL, INC	
(Name of Corporation)	
F12000001815	
(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.	
A. lulp	
Signature of Resigning Agent	
If signing on behalf of an entity:	v en - 21
Andrew Lundgren	, , , , , , , , , , , , , , , , , , ,
(Typed or Printed Name)	
Vice 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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