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TRANSMITTAL LETTER

TO:		ent Section of Corporatio	ns			• • • • • • • • • • • • • • • • • • •
SUBJ	JECT:	MINI		INVESTME	UT LLC	<u>,</u> .
			,	d Liability Company)		
DOC	UMENT N	UMBER:	# 1-0400	0035594		<u></u> +-
The e		signation of F	Registered Agent for	a Limited Liability C	ompany and fee	are submitted
Please	e return all o	corresponden	ce concerning this n	natter to the following	; :	
	MOHA	MMAD	AMIN			
Y		(Name o	f Person)			
	MINI	CENTR	AL INVEST	MENT LLC	· 	
		(Name of Fin	rm/Company)	, ,		·
	790	BARCL	AY TER	•		
		•	lress)	···	•	-
	LA	KE WAL	ES , FL	33853		
		(City/State a	nd Zip Code)			
For fu	ırther inforn	nation concer	ning this matter, ple	ease call:		
Αı	*	U. THA	KURat(239) 225 (Area Code & Daytime	0745	
	()	lame of Person	n)	(Area Code & Daytime	Telephone Numb	per)
liabili	sed is a che ty company ty company	or \$25.00 fo	able to the Florida D r an administratively	epartment of State fo y dissolved, voluntari	r \$85.00 for an a ly dissolved or w	ective limited vithdrawn limited

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

INHS17(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 608.416(2) or 608.	509, Florida Statutes, the und	ersigned,	
ANAYET	U. THAKUR	herehy res	ions as	
· · · · · · · · · · · · · · · · · · ·	(Name of Registered Agent)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_ Ex. ()
Registered Agent for _	(Name of Registered Agent) MINI CENTRAL	INVESTMENT	LLC.	· .
			,	
<u> </u>	(Name of Limited Liabilit	y Company)	4	ar ar
井 L 04	000035594			
(Document Nu	ımber, if known)		د <u>پت</u>	= •
A copy of this resignat	tion was mailed to the above listed	I limited liability company at	its last known addre	:SS.
	ted and the office discontinued on	- " -		
	Anapet W	ldin Thallen	· · · · · · · · · · · · · · · · · · ·	
	(Signature of Resi	gning Agent)	r 194 (171 47 1 <u>2</u> 14	
If signing on behalf of	an entity:		SECRET VLLAHA	85 T
	(Typed or Print	ted Name)	ARY O	
	(Capacity)	F STATI	

FILING FEES:

85.00 Active limited liability company

Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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