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COVER LETTER

Division of Corporations	
SUBJECT:	Dhanani Properties, LLC Name of Limited Liability Company
DOCUMENT NUMBER:	L05000075341
The enclosed Resignation of Regi for filing.	stered Agent for a Limited Liability Company and fee are submitted
Please return all correspondence c	oncerning this matter to the following:

for filing.	a Blacking Company and 220 are commen
Please return all correspondence concerning this matter to t	he following:
Bret Jones	
Name of Person	•
Bret Jones, P.A.	_
Name of Firm/Company	
700 Almond Street	
Address	LAMASS
Clermont, FL 34711	
City/State and Zip Code	75 N
bjones@bretjonespa.com E-mail address: (to be used for future annual report notification)	2: 43 STATE FLORID
For further information concerning this matter, please call:	<u> </u>
Denise Cazobon, Esq. at (352) 394-4025

Area Code & Daytime Telephone Number Name of Person

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO:

Amendment Section

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Bret	Jones	, hereby resigns a	ac	
Name of Registered Agent		, neleby resigns as		
Registered Agent for	Dhanani P	Properties, LLC		
	Name of Limited Liability Compa	any	,	
L05000075341				
Document Number, if know	'n			
A copy of this resignation was maile				
The agency is terminated and the of	fice discontinued on the 31:	st day after the date on which	h this statement is filed.	
	Sell	mus		
	Signature of Resign	nng Agent		
If signing on behalf of an entity			SECO	
If signing on behalf of an entity:	Bret Jones, P.A	ι.	FIL JUNIO SECRETAF ALLAHAS	
If signing on behalf of an entity:			T JUN 10 PH 2: 48 SECRETARY OF STATE ALLAHASSEE, FLORIO	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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