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(Requestor's Name)			
(includator a marrie)			
(Address)			
(tables)			
(Address)			
(City/State/Zip/Phone #)			
C Biok UB		—	
☐ PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(1)0	cument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to	Eiling Officer		
Special Instructions to Filing Officer:			

Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

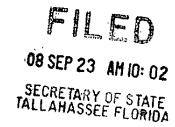
TO: Registration Section Division of Corporations	
SUBJECT: ROSHNI SERVICES LLC	
(Name of Limited Liability	Company)
The enclosed member, managing member or manager refiling.	esignation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
SHARIQ GHAZNAVI	
(Contact Person)	
ROSHNI SERVICES LLC	
(Firm/Company)	
18281 NW 19TH ST	
(Address)	•
PEMBROKE PINES , FL , 33029	
(City/State and Zip Code)	
For further information concerning this matter, please c	all;
SHARIQ GHAZNAVI at 754	423-3593
(Name of Contact Person) (Area C	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid	da Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the lin of State is:	nited liability company as it ap Shni Services	opears on the records of the Florida Department
2. This limited liabilit	y company was organized und	ler the laws of:
3. The Florida docum L070000414	ent/registration number of this	limited liability company is:
•	ity company and affirm the lin	, hereby resign as a MANAGER MEMBER (Print Title) nited liability company has been notified of my
Signature of Resign	ing Member, Managing Mem	per or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	