

LO7000112303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

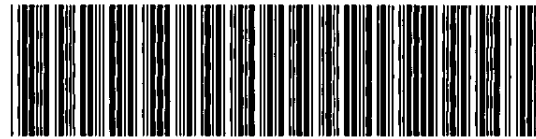
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900138122109

02/03/09--01004--005 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 FEB -2 AM 9:50

FILED

C. LEWIS

2-2-2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AKSHAR STORES LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

C Z DARTI  
(Contact Person)

AKSHAR STORES  
(Firm/Company)

7829 N DAKE MABRY, STE #201  
(Address)

TAMPA, FL, 33614  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHIMAN/BHAI Z DARTI at ( 813 ) 810 4878  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 13, 2009

C Z DARJI  
AKSHAR STORES LLC  
7829 N DALE MABRY STE 201  
TAMPA, FL 33614

SUBJECT: AKSHAR STORES LLC  
Ref. Number: L07000112303

We have received your document for AKSHAR STORES LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 909A00001266



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

2009 FEB -2 AM 9:50

CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: AKSHAR STORES LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L07000112303

4. I, MINA H DARJI, hereby resign as a ~~MANAGING~~ MEMBER  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)