

U8000079581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

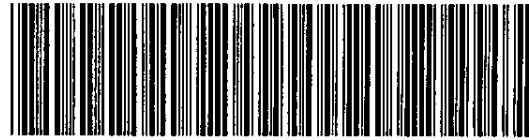
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600267388276

01/02/15--01031--022 **25.00

15 JAN -2 AM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVAL
AND
FILED

[Handwritten signature]
600267388276

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NIKSON FOODS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L08000079581

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEEPIOT BHANDAIR

Name of Person

Name of Firm/Company

7649 TURKEY LAKE ROAD

Address

ORLANDO, FL 32819

City/State and Zip Code

INDIASPICEHOUSE@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEEPIOT BHANDAIR

Name of Person

at (641) 455-9306

Area Code

Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

DEEPJOT BHANDAIR

Name of Registered Agent

, hereby resigns as

Registered Agent for _____

NIKSON FOODS LLC

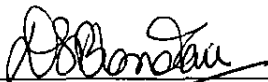
Name of Limited Liability Company

L08000079581

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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

REMOVED
AND
FILED
15 JAN -2 AM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA