

#L12000027315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

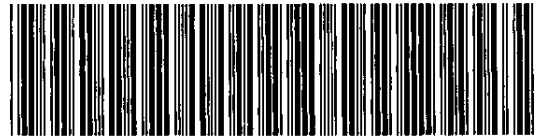
(Business Entity Name)

(Document Number)

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FILED
12 JUN 29 PM 4: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JUL 6 - 2012

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ISHA LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 42000027315

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:

AMIT DEHRA
Name of Person

ISHA LLC
Name of Firm/Company

5404 HOOVER BLVD, #26
Address

TAMPA, FL 33634
City/State and Zip Code

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

For further information concerning this matter, please call:

AMIT DEHRA at (727) 772 3841
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

AMIT DEKRA, hereby resigns as
Name of Registered Agent

Registered Agent for ISHA LLC

Name of Limited Liability Company

42000027315
Document Number, if known

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12 JUN 29 PM 4:18
TALLAHASSEE, FLORIDA
CLERK OF STATE

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:

AMIT DEKRA
Typed or Printed Name
REGISTERED AGENT
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