Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number : 120050000052 Phone

: (850)656-7956

Fax Number

: (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Imail Address:

LLC REGISTERED AGENT RESIGNATION BALAJI REALTY LLC

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Corporate Filing Menu

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11/4/2014

COVER LETTER

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TO: Registration Section Division of Corporations

	of Limited Liability	Company
DOCUMENT NUMBER: L13000144	133	·
The enclosed Resignation of Registered A for filing.	Agent for a Limited	Liability Company and fee are submitted
Please return all correspondence concern	ing this matter to th	e following:
EDIE WHITEBREAD		
Name of Person		
INCORPORATING SERVICES, LTD		
Name of Firm/Company	7	
3500 SOUTH DUPONT HIGHWAY		
Address		
DOVER, DE 19901		
City/State and Zip Code		
radiv@incserv.com		
E-mail address: (to be used for future amous	il report notification)	
For fluther information concerning this n	natter, please call:	
EDIE WHITEBREAD	at (346-4646
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

INH\$17 (2/14)

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned	LLAHASS
INCORPORATING SERVICES LTD	re ministra no
Name of Registered Agent	
Registered Agent for BALAJI REALTY LLC	y resigns as
	# 11: 07
Name of Limited Liability Company	·
L13000144133	
L 10000 (44 [30	
Document Number, if known	
Document Number, if known A copy of this resignation was mailed to the above listed limited liability compar	
Document Number, if known A copy of this resignation was mailed to the above listed limited liability compatible agency is terminated and the office discontinued on the 31st day after the day after	
Document Number, if known A copy of this resignation was mailed to the above listed limited liability compatible agency is terminated and the office discontinued on the 31st day after the day.	
Document Number, if known A copy of this resignation was mailed to the above listed limited liability comparation against its terminated and the office discontinued on the 31st day after the day af	
Document Number, if known A copy of this resignation was mailed to the above listed limited liability compatible agency is terminated and the office discontinued on the 31st day after the day after	

\$ 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
Tallabasses, FL 32314

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