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	(Requestor's Name)							
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ĺ	PICK-UP WAIT MAIL							
	(Business Entity Name)							
(Document Number)								
	Special Instructions to Filing Officer:							

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## **COVER LETTER**

TO: Registration Sect Division of Corp		
SUBJECT:	(Name of Limited Liability Con	npany)
The enclosed member, re	esignation or dissociation and fee(s	e) are submitted for filing.
Please return all correspond	ondence concerning this matter to:	
SHYAM S	HANKAR ontact Person)	_
(F	irm/Company)	-
1040 BiscA	YNE BLUD #1403 (Address)	-
<u> MIANU</u> (City/S	FL 3313 Z State and Zip Code)	_
For further information of	concerning this matter, please call:	
SHYAM SHA (Name of Conta	at (646 act Person) (Area Code	259 - 1796 & Daytime Telephone Number)
Enclosed please find a cl ☐ \$25 Filing Fee	heck made payable to the Florida D □ \$55 Filing	Department of State for:  g Fee & Certified Copy
Mailing Address: Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL 3	orations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.01	15, Florida S	tatutes, the un	ndersigned,	
Lucia	NA CA	RRARE	)	, hereby resigns as	
i	Name of Registered A	gent			
Registered Agent for	to	RI 7	UC		<del></del>
	Name of L	imited Liability	Company		
L 1300 Document Nun	oc 15 113	<u> </u>			
A copy of this resignation	was mailed to the	above listed	limited liabili	ity company at its last	known address.
The agency is terminated	and the office disc	continued on	the 31st day a	fter the date on which	this statement is filed
	j	Signature of	Resigning Ager	nt	
If signing on behalf of an	entity:				9991 JUN 28
-	<del></del>	Typed or Printe	d Name		
-		Capacity			PH 2: 41
	FILING \$ 85.00 \$ 25.00	G FEES: Active lin Administ withdraw	nited liability ratively disso yn limited liab	company lved/voluntarily disso pility company	•

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314