

L140000044813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

Rahimi

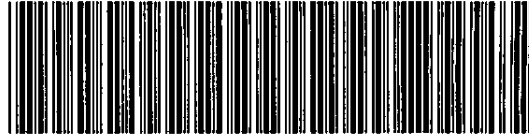
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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L14-44813

Amend

CC

03/21/15--01042--006 **35.00

10/20/15--01014--026 **20.00

FILED
15 OCT 14 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 15 2015

N. CAUSSEAU

COVER LETTER

114-44813

TO: Registration Section
Division of Corporations

SUBJECT: RAHIMI PLAZA LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

DEBBIE CROSLIN
(Contact Person)

RAHIMI PLAZA LLC
(Firm/Company)

8850 MATHIS AVE
(Address)

MANASSAS, VA 20110
(City/State and Zip Code)

For further information concerning this matter, please call:

DEBBIE CROSLIN at 918 693-9923
(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

September 25, 2015

ADDUL RAHIMI
RAHIMI PLAZA INC
8850 MATHIS AVENUE
MANASSAS, VA 20110

SUBJECT: RAHIMI PLAZA LLC
Ref. Number: L14000044813

We have received your document for RAHIMI PLAZA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is no record of "RAHIMI PLAZA INC." however, we do have a "RAHIMI PLAZA LLC." If this is the correct company and you need to amend it's articles, you need to complete the attached form.

We are enclosing the proper form(s) with instructions for your convenience.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 815A00020318



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

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

2. The Florida document/registration number assigned to this limited liability company is:
L14000044813

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/01/2015

4. I, ABDUL Q RAHIMI, hereby withdraw/resign as a
(Print Name of Person Resigning)

MEMBER MANAGER, AMBR
(Print Title)

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



Signature of Dissociating Member or Resigning Manager

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA