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(Requestor's Name)			
(Address)			
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(
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Cashese Zhar) Hame)			
<u> </u>			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

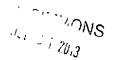
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SECRETARY OF STATE



COVER LETTER

TO:

CR2E079 (2/14)

Registration Section
Division of Corporations

AMIR LLC SUBJECT: _ (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: TARIO HABIB-ULLAH (Contact Person) AMIR LLC (Firm/Company) 3029 E SOUTH ST (Address) ORLANDO FL 32803 (City/State and Zip Code) For further information concerning this matter, please call: TARIQ HABIB-ULLAH (Area Code & Daytime Telephone Number) (Name of Contact Person) 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: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



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:	MIR LLC	
2. The Florida doct	ument/registration number as	ssigned to this limited liability company is:
L1800008794	3	
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:
AMIR OADIR		, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	
	AP	
	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
Mu		
Signature of Di	ssociating Member or Resign	ning Manager
Filing Fee:	\$25.00 (Required)	
	\$30.00 (Optional)	