# 118000 108 556

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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### **COVER LETTER**

TO:	Registration Section Division of Corporations		,
SUB	JECT:  Nam		
		e of Limited Liabili	ly Company
DOC	CUMENT NUMBER: L18000108550		
The for f	enclosed Resignation of Registered ling.	Agent for a Limit	ed Liability Company and fee are submitted
Pleas	se return all correspondence concert	ning this matter to	the following:
	SANJAY GUPTA		
	Name of Person		_
	SANJAY GUPTA & ASSOCIAT	ES LLC	
	Name of Firm/Compan	ny'	_
1776	N PINE ISLAND RD SUITE 309		
	Address		_
PLA	NTATION, FLORIDA 33322		
	City/State and Zip Cod	_	
	E-mail address: (to be used for future annu	ual report notification)	_
For	urther information concerning this	matter, please call	:
	SANJAY GUPTA	954	727-3777
	Name of Person	Area Cod	Daytime Telephone Number
Encl Iiabi Iimit	osed is a check made payable to the lity company or \$25.00 for an admi ed liability company.	e Florida Departme inistratively dissol	ent of State for \$85.00 for an active limited yed, voluntarily dissolved or withdrawn

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 provisions	of section 605.0115. Florida Stati	utes, the undersigned,		
SANJAY GUPTA & ASS	OCIATES LLC	, hereby resign:	, hereby resigns as	
N	ame of Registered Agent			
Registered Agent for LOK	NATH FOOD AND FUEL LLC			
	Name of Limited Liability Co	mpany	·	
L18000108556				
Document Num	ber, if known			
•	was mailed to the above listed lin			
The agency is terminated	and the office discontinued on the	: 31st day after the date on wi	nen trus statement is fried	
	Sw	4		
-	Signature of Ro	esigning Agent		
If signing on behalf of an	entity:		202 T	
	SANJAY GUPTA		FT (4 2021 DEC 20 STORET AND	
-	Typed or Printed ?	Name		
MANAGED PAR		NER	20	
_	Capacity			
			-	
	FILING FEES: \$ 85.00 Active limi \$ 25.00 Administra withdrawn	ted liability company tively dissolved/ voluntarily limited liability company	dissolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314