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(Re	questor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations		
JAHFARI L.L.C. SUBJECT:		
Name (of Limited Liability	Company
DOCUMENT NUMBER: L20000202929		
The enclosed Resignation of Registered A for filing.	agent for a Limited	d Liability Company and fee are submitted
Please return all correspondence concerning	ng this matter to t	he following:
Chelsea Chapman		•
Name of Person		· •
Legalinc Corporate Services, INC.		•
Name of Firm/Company		-
10601 Clarence Dr Stc 250		
Address		-
Frisco, TX 75033-3867		
City/State and Zip Code		-
ra@legalinc.com		
E-mail address: (to be used for future annual	report notification)	-
For further information concerning this ma	atter, please call:	
Chelsea Chapman	844 at (386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the	e undersigned,	
Legalinc Corporate Serv	ices. INC.	, hereby resigns as	
	Name of Registered Agent	, , , , , , , , , , , , , , , , ,	
Registered Agent for _	AHFARI L.L.C.		
	Name of Limited Liability Company		,
1.20000202929			
Document N	umber, if known		
.,	on was mailed to the above listed limited lia		
The agency is terminate	ed and the office discontinued on the 31st day		
If signing on behalf of	an entity:	A A C	3022 NOV 15
	Chelsea Chapman		A04
	Typed or Printed Name		<u></u>
	On Behalf of Legaline Corporate Services, II	NC.	rs
	Capacity	EE, FL	H 7: 19

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

FILING FEES:

S 85.00 Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company