

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**M12000001162**

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : RASI  
Account Number : I20220000023  
Phone : (800)221-2972  
Fax Number : (917)243-5843

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT RESIGNATION  
MAHENDRU MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 JUN 24 PM 4:56

2022 JUN 21 AM 8:24  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX

JUN 27 2022

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAHENDRU MANAGEMENT, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M12000001162

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TRACEE COTTON

Name of Person

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Name of Firm/Company

100 WALL STREET, SUITE 503

Address

NEW YORK, NY 10005

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRACEE COTTON

Name of Person

at ( 800 )

Area Code

221-2972 X1550

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

HILMBERGEXCELSIOR CORPORATE SERVICES, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for MAHENDRU MANAGEMENT, LLC

Name of Limited Liability Company

M12000001162

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent:

If signing on behalf of an entity:

MARY BROOKS

Typed or Printed Name

ASSISTANT SECRETARY

Capacity

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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