M15000005255

(Requ	estor's Name)			
(Addr	ess)			
(Address)				
`	·			
(City/s	State/Zip/Phone	2 #)		
(Ony).		,		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Nan	ne)		
(Docu	ıment Number)			
Certified Copies	Certificates	s of Status		
	00/11/100000			
Special Instructions to Fi	ling Officer:			
		1		
		ļ		

Office Use Only



600287516206

07/06/16--01009--014 **85.00

16 JUL -5 PH 4: 54

JUL 0 6 2016 s. YOUNG

COVER LETTER

TO:	Registration Section
	Division of Corporations

SIDDIQI INVESTMENTS, LLC Name of Limited Liability Company M15000005255 **DOCUMENT NUMBER:** 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: Bonnie Yerry Corporation Service Company Name of Firm/Company 80 State street Address Albany NY 12207 City/State and Zip Code

bverrv@cscinfo.com

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

For further information concerning this matter, please call:

Bonnie Yerry

927-9801 63002 Daytime Telephone Number

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (12/13)

10-10

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Sta	tutes, the undersigned,		
Corporation Se	, hereby resigns as			
· · · · · · · · · · · · · · · · · · ·	Name of Registered Agent			
Registered Agent for _	SIDDIQI INVESTMENT	rs, llc		
	Name of Limited Liability Co	ompany	,	
M1500000	5255			
Document N	Number, if known			
A copy of this resignat	ion was mailed to the above listed li	mited liability company at its last known addr	ess.	
The agency is terminat	Corporation Serv	e 31st day after the date on which this statemed ice Company Rigging Agent	ent is f	filed.
If signing on behalf of an entity:		16 JUL	SECRE	
	Bonnie Yerry	/	5	55
	Typed or Printed 1	Name		
	Asst. Secretary	у	PH	필육대
	Capacity		ት5 :ተ	STATE LONDA

Make checks payable to Florida Department of State and mail to:

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

INHS17 (12/13)

197685