

118 0000006188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

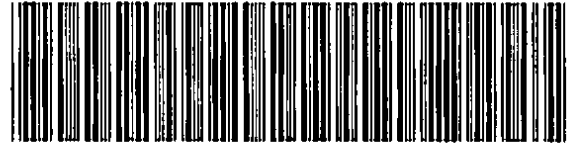
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2022 MAY 13 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SHRI LAKSHMI NARAYAN MANDIR OF FLORIDA, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** N18000006188

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rocio Bruni

(Name of Person)

Nishad Khan, P.L.

(Name of Firm/Company)

1303 N. Orange Ave.

(Address)

Orlando, FL 32804

(City/State and Zip Code)

For further information concerning this matter, please call:

Rocio Bruni

at ( 407 ) 228-9711

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

**FILED**  
2022 MAY 13 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Nishad Khan, P.L.

(Name of Registered Agent)

hereby resigns as Registered Agent for SHRI LAKSHMI NARAYAN MANDIR OF FLORIDA, INC.

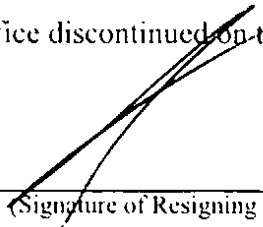
(Name of Corporation)

N18000006188

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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:

Nishad Khan

(Typed or Printed Name)

Manager

(Capacity)

**Fee for filing this document:**

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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