19700004634

ı	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: HANUMAN SIDDHI MANDALI & CULTURAL CENTER, INC. (Name of Corporation)	
• • •	
DOCUMENT NUMBER: N9700004634	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing	
Please return all correspondence concerning this matter to the following:	
BRAHAM AGGARWAL	
(Name of Person)	
HANUMAN SIDDHI MANDALI & CULTURAL CENTER, INC.	
(Name of Firm/Company)	
P.O. Box 585623	
(Address)	
Orlando, Florida 32858	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Braham Aggarwal at (407) 529-3030	
Braham Aggarwal at (407) 529-3030 (Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made payable to the Florida Department of State.	
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L KAJEHORA SIT	AHAL hereby resign as CHAIRMAU (Title)
of HAYLMAN SIDDHI	MANDALIA CONHURCI Center INC.
(Document Number, if known)	_, a corporation organized under the laws of the State of
Florida	'

Signature of resigning officer/director)

April 10 7

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail test

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