

N98000007351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

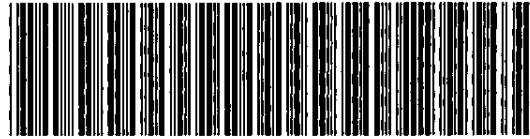
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FILED
12 APR -4 AM 10:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 05 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: clothe, food & Education for the poor & needy
(Name of Corporation)

DOCUMENT NUMBER: N98000007351

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:

NAVIN ACHARVA
(Name of Person)

clothe, food & Education for the poor & needy
(Name of Firm/Company)

2010 N E 45th Street
(Address)

Fort Lauderdale FL 33308
(City/State and Zip Code)

For further information concerning this matter, please call:

Navin Acharya at (954) 616-6014
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED

12 APR -4 AM 10:51

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,

Navin Acharya

(Name of Registered Agent)

hereby resigns as Registered Agent for

Clothes, Food & Education for

(Name of Corporation)

the Poor and Needy, Inc.

NG8000007351

(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.

Navin Acharya

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(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withdrawn corporation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