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FOUZIA	Siddi	ωνi`		<u> </u>	-
333 Søv	SiBDi Its Royal	Poincia	na	Blvd.	# 302
Miami	Springs,	Æ.	331	66	
-	City/State/Zip	<u></u>	Pho	nne#	<u> </u>

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	
(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
Corporation Name)	3000033150635 -07/11/0001015010 (Document#) ************************************
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS	AMENDMENTS Amendment Resignation of R.A., Officer/Directory Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, FOUZIA SIDDIQUI (Name of registered agent)	÷
hereby resigns as Registered Agent for	
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:	
fouzia Siddiqui CTyped or Printed Name)	
President (Capacity) President (Capacity) President (Capacity) President (Capacity)	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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