## P02000069002

| (Requestor's Name)                      |  |  |
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| (Address)                               |  |  |
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| (Address)                               |  |  |
|   |  |  |
| (City/State/Zip/Phone #)                |  |  |
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| PICK-UP WAIT MAIL                       |  |  |
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| (Business Entity Name)                  |  |  |
|   |  |  |
| (Document Number)                       |  |  |
|   |  |  |
| Certified Copies Certificates of Status |  |  |
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| Special Instructions to Filing Officer: |  |  |
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SECRETARY OF STATE ALLAHASSET FLORIDA

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## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations  | -   |
|---|---|
| SUBJECT: AJMIR BLESSING C   | CORPORATION   |
|   | (Name of Corporation)   |
| DOCUMENT NUMBER: P020   | 000069002   |
|   | mation for a Corporation and fee are submitted for filing   |
| Please return all correspondence cor  | ncerning this matter to the following:  |
| SYEDA L ALAM  |   |
| (Name of Person   | on)   |
| AJMIR BLESSING CORPORAT   | TION  |
| (Name of Firm/Co  | mpany)  |
| 12787 MEADOW HAWK DR  |   |
| (Address)   |   |
| FORT MYERS FL 33912   |   |
| (City/State and Zir   | Code)   |
| For further information concerning  | this matter, please call:   |
| SYEDA L ALAM  | at ( 239 ) 561-2023 (Area Code & Daytime Telephone Number)  |
| (Name of Person)  | (Area Code & Daytime Telephone Number)  |
| Enclosed is a check for \$35.00 made  | e payable to the Florida Department of State.   |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 |

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



| I. ROKSHANA ZAMAN             | , hereby resign as            | DIRECTOR, V. PRESIDENT        |
|-------------------------------|-------------------------------|-------------------------------|
| ***                           |                               | (Title)                       |
| of AJMIR BLESSING CORPORATION | 1                             |                               |
| (Name of Corp                 | poration)                     |                               |
| P02000069002 , a co           | orporation organized un       | nder the laws of the State of |
| FLORIDA                       |                               | • •                           |
| Loakenne &                    | Summe -                       |                               |
|                               | re of resigning officer/direc | etor)                         |

FILING FEE IS \$35.00

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

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