P02000118443

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	-
(Cir	ty/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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10/17/14--01010--009 **35.00

214 OCT 17 PM 4: 01

FILED

10/28/14

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Parth Liquor, Inc.
(Name of Corporation) DOCUMENT NUMBER: P02000118443
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Mayur N Patel (Name of Person)
Parth Liquor, Inc. (Name of Firm/Company)
1020 SE 3rd Ave.
Crystal River, FL 34429 (City/State and Zip Code)
For further information concerning this matter, please call:
Mayur Patel at (352) 795-3111 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made 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 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FILED

2014 OCT 17 PM 4: 01

_{ı,} Praful M Patel	ALLAHASSEE, FLORIDA Director (Title)
_{of} Parth Liquor, Inc.	
(Name of C	Corporation)
P02000118443 (Document Number, if known)	corporation organized under the laws of the State of
Florida	
	purbaire.
(Sign	ature of resigning officer/director)

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