## 1200051

(Re	equestor's Name)	
(Ad	dress)	
(Ad	(dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
s.		
	<del></del>	



000062243980

12/13/05-01026 194 \*\*:6.00

officer Resignation

Office Use Only

T BROWN DEC 3 0 2005

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: PATEL KOKILAJAYANTI ENTERPRISE TWO (Name of Corporation)
DOCUMENT NUMBER: P02000131899
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PATEL KOKILA (Name of Person)
PATEL KOKILA JAYANTI ENTERPRISE INC (Name of Firm/Company)
1291 SE 65TH CIRCLE, OCALA, FL 34472
(City/State and Zip Code)
For further information concerning this matter, please call:
JAYANTI A PATEL at 352, 6242879 (Resi) (Name of Person) (Area Code & Daytime Telephone Number) (352) 502 8284 (Cell)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

05 DEC 19 AM 9:21

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

	-0RIO
I, KOKILA PATEL , hereby resign as SEC/TREAS (Title)	
of PATEL KOKILA JAYANTI ENTERPRISE, INC.	_,
POQUOD 31899, a corporation organized under the laws of the State of (Document Number, if known)	
FLORIDA.	

X K. J. Pat9
(Signature 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