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| PICK-UP W | 'AIT MAIL | | | |
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| (Business Entity Name) | | | | |
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| Certified Copies Ce | rtificates of Status | | | |
| Special Instructions to Filing Offi | cer: | | | |
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Office Use Only



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COVER LETTER

| Division of Corporations | | | | |
|---|--|--|--|--|
| SUBJECT: INDRA ASSOCIATES, INC. (Name of Corporation) DOCUMENT NUMBER: P-0400061002 | | | | |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| A-SHISH STEPHEN (Name of Person) INDRA ASSOCIATES, INC (Name of Firm/Company) | | | | |
| 832 CURA COURT (Address) | | | | |
| OAKLAND -R-34787 (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| ASHISH STEPHEN at (352) 949 - 4346 (Name of Person) (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. | | | | |

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

Amendment Section

TO:

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

FILED

OFFICER / DIRECTOR RESIGNATION 09 FEB - 6 AM 9: 29

SECRETARY OF STATE MALLAHASSEE, FLORIDA

| I, | SHILPA | STEPHEN | , hereby resign as | DIRECTOR | |
|---|---------|------------|--------------------|----------|--|
| - | | | | (Title) | |
| of | INDRA | ASSOCIATES | , INC. | | |
| (Name of Corporation) | | | | | |
| P-640006 1002, a corporation organized under the laws of the State of (Document Number, if known) | | | | | |
| | ELORIDA | • | | | |
| | | | | | |
| | | | | | |
| (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