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TRANSMITTAL LETTER

TO:	Amendmen Division of	t Section Corporations				
SUBJ	ECT:	SHREE	SIDHI	INC.		
			(Na	me of Corporat	ion)	
DOC	JMENT NU	MBER:	P04	0000	649	128
The en	closed Offic	er/Director Resi	ignation for a	Corporation :	and fee are s	submitted for filing
Please	return all co	rrespondence co	oncerning this	matter to the	following:	
9	SAPNE	(Name of Per	AH			
	****	(Name of Per	son)		•	. "
ន	HREE	SIDHI	INC.			
	(Name of Firm/C	ompany)		* **	
35	30 AU	CUSTINE	CT.			
	·	(Address)	· · · · · · · · · · · · · · · · · · ·	"		
0		, FL		5		,
	(City/State and Zi	p Code)			
For fur	rther informa	tion concerning	this matter, p	olease call:		
•	SAPN	A SHA	Hat	(407)	384	- 6165 elephone Number)
	(Na	me of Person)		(Area Code a	& Daytime To	elephone Number)
Enclos	ed is a check	for \$35.00 mad	le payable to	the Florida De	epartment of	f State.
Amend Division P.O. B	ng Address: Iment Section on of Corpora ox 6327 assee, FL 323	itions	409 E. Gai	nt Section Corporations	ı	

OFFICER / DIRECTOR RESIGNATION COSEP_CORPORATION

FOR A CORPORATION

ON SECULATION

FAIL: 16

I, JATI	$ \stackrel{\wedge}{V} V_{\cdot} $	SHAH	, hereby resign as	PRESIDENT
				(Title)
ofSHRE	E E	SIDHI		·
		(Name of Corp	oration)	
P 0 40 00 (Document Nu	0064	-928 a co	orporation organized und	er the laws of the State of
`	•			
FLORIJ) A			
			•	
			V. Shah	
		(Signatur	e of resigning officer/directo	r)

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