P04000087709

(Re	equestor's Name)	
		•
(Address)		
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)	
(Cir	ty/Otate/Zip/i-none #/	,
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Name)	
(Do	ocument Number)	
•	,	
Certified Copies	Certificates of	Statue
Certified Copies	_ Certificates of	Status
,		
Special Instructions to	Filing Officer:	
		,





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09/14/07--01025--003 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: VARSANA CORPORATION (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
SEEREEMATIE RAMSACKUL (Name of Person)
(Name of Firm/Company)
113 NW 118 TO (Address)
CORIAL SPRINGS FL 33071 (City/State and Zip Code)
For further information concerning this matter, please call:
MATIE RANGACKUL at (954) 907-2717 (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 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, SIUSANKAR	Canusa deat, hereby resign as	VICE- PRESIDENT
of VARSANA	(Name of Corporation)	
PO400008770 (Document Number, if known	, , , c o.po.m 1.B	r the laws of the State of
PLORIDA	·	
SR	(Signature of resigning officer/director	FILED O7 SEP 14 MIO: 38 SECRETARY OF STATE ALLAHASSEE, FLORIO

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