P04000093952

(Re	equestor's Name)				
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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TALLAHASSEE, FLORID!

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Sars Enterprises, Inc. (Name of Corporation)
DOCUMENT NUMBER: Pa 40000 93 952
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
AHASAN, SAJATUL
(Name of Person)
•
(Name of Firm/Company)
301 S. French Ave.
(Address)
Sanford FL 32771 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Ehab S. Azer at (407) 375-3422 (Name of Person) (Area Code & Daytime Telephone Number)
(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

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L,	AHASAN,	SATTATUL	_, hereby resign as_	Directors		
			.	(Title)		
oſ	SARS	ENTERPR				
		(Name of Corporat	ion)			
Po40000 93952 a corporation organized under the laws of the State of (Document Number, if known)						
	_		•			
	FIORIDA	<u> </u>				

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