Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000101092 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : RASI

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Fax Number

: (917)243-5843

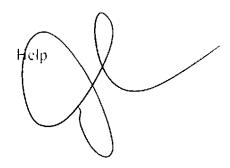
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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REGISTERED AGENT RESIGNATION AMIRAH, INC.

Certificate of Status	U
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Page Count	03
Estimated Charge	\$87.50

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COVER LETTER

Division of Corporations	
AMIRAH, INC. SUBJECT:	
(Name of Corporation)	
DOCUMENT NUMBER: P04000148926	2
The enclosed Resignation of Registered Agent for a Corporation and	fee are submitted for filing. 23
Please return all correspondence concerning this matter to the follow	fee are submitted for filing. TAR 16
TRACEE COTTON	5 -
(Name of Person)	AH 10:
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.	10: 2
(Name of Firm/Company)	Ŋ
100 WALL STREET, SUITE 1401	
(Address)	
NEW YORK, NY 10005	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
TRACEE COTTON 888 989-958	9
(Name of Person) (Area Code & Daytii	ne Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 617	7.1509,			
Florida Statutes, the undersigned, BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.					
	(Name of Registered Agent)	•			
hereby resigns as Registered Agen	AMIRAH, INC.				
, G	(Name of Corporation)		At		
P04000148926					
(Document Number, if known)					
A copy of this resignation was mai	iled to the above listed corporation at its last kn	own addre	iss.		
The agency is terminated and the cibis statement is filed.	office discontinued on the 31st day after the date	on which	3023 MAE		
W	(Signature of Resigning Agent)		ָס "ׁ		
If signing on behalf of an entity:		=	AH 10: 2		
MARY BROOKS			5		
	(Typed o: Printed Name)				
A SSISTA NT SECR	FTARV				

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

(Capacity)