

POH000167744

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

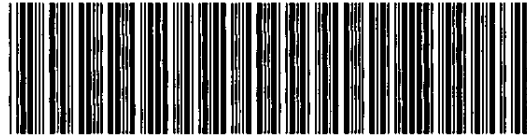
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

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C. MUSTAIN

*02/2/12*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KALSI INCORPORATED  
(Name of Corporation)

**DOCUMENT NUMBER:** PO4000167744

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SEEMA KALSI  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

310 MOCKINGBIRD RD  
(Address)

DAVENPORT, FL 33896  
(City/State and Zip Code)

For further information concerning this matter, please call:

SEEMA KALSI at ( 407 ) 416 - 0335  
(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, SEEMA KALSI, hereby resign as DIRECTOR  
(Title)

of KALSI INCORPORATED,  
(Name of Corporation)

PO4000167744, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

  
(Signature of resigning officer/director)

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**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