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(Re	equestor's Name)				
(Address)					
(Ac	ddress)				
(Ci	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
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TRANSMITTAL LETTER

SUBJECT: K.C. FOOD AND GAS IN C (Name of Corporation)
DOCUMENT NUMBER: POSOGO 43729
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
(Address)
TAVARUSS, FL 32778 (City/State and Zip Code)
For further information concerning this matter, please call:
DIHAN RAJ AGAMM at (407) 889-9218 (Name of Person) (Area Code & Daytime Telephone Number)

TO:

Amendment Section **Division of Corporations**

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	AMIT CHAN	rLA , hereby res	ign as	DIMEROR			
				(Title)			
of		Corporation)	120	ESS,			
	(Document Number if known), a corporation organized under the laws of the State of						
	(Document Number, if known)	u corporation organi	zea anaer me				
	FLORINA						
	,						
	AMITCHAUMY						
	(Sig	nature of resigning offic	er/director)	<u></u>			

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