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NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	☐ Amendment ☐ Resignation of R.A., Officer/Director ☐ Change of Registered Agent ☐ Dissolution/Withdrawal ☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other
	Examiner's Initials
CR2E031(7/97)	L'Adminici 5 initiais

### **COVER LETTER**

SUBJECT:	Jay Mahabharat Name of Limited Liability	Inc.				
	Name of Limited Liability	y Company				
DOCUMENT NUMBER:	P06000	096092				
The enclosed Resignation of Refor filing.	gistered Agent for a Limite	d Liability Co	mpany and fee ar	e subm	ıitted	
Please return all correspondence	concerning this matter to	the following:				
Garvin B. B	Bowden					
Name of P	erson	-	,,			
Gardner, Bist, W	/iener, et al.			<del>≓</del> ¢:		
Name of Firm/	Company	_			<b>₹</b>	
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Addres	SS			i i		
Tallahassee, Flo	orida 32308			73 112 112	ਛ	
City/State and		_			州口: 29	
garvin@gbwl E-mail address: (to be used for fu	egal.com uture annual report notification)	_		`}# <u>*</u>		
For further information concerni	ing this matter, please call:					
Garvin B. Bowden	at ( 850	385	5-0070			

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

#### MAILING ADDRESS:

Name of Person

Amendment Section Division of Corporations

TO:

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

#### STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Area Code & Daytime Telephone Number

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	1 608.416(2) or 608.509	, Florida Statutes, the undersigned,	•
Garvin B	B. Bowden	, hereby resigns as	
Name of Reg	gistered Agent		
Registered Agent for	Jay M	lahabharat, Inc.	
	Name of Limited Liability Co	ompany	<del></del> ,
P0600096092  Document Number, if know	vn		
A copy of this resignation was mail		nited liability company at its last k	nown address.
The agency is terminated and the of		21st day after the date on which the	A 25 12
If signing on behalf of an entity:	0		FEB 23 CHCTASY LAHASSY
	Typed or Printed N	Name	
***************************************	Capacity		## N

**FILING FEES:** 

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company

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

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