

PO7000108903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

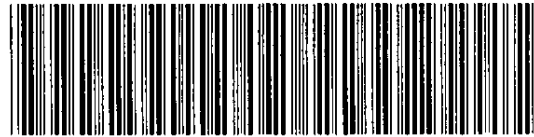
(Business Entity Name)

(Document Number)

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09 MAY 13 PM 3:47

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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09 MAY 14 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SHRI HARI KABIR HOSPITALITY, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000108903

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

Please return all correspondence concerning this matter to the following:

MAHESHKUMAR J. BHAKTA  
(Name of Person)

SHRI HARI KABIR HOSPITALITY, INC.  
(Name of Firm/Company)

2086 HIGHWAY 71 SOUTH  
(Address)

MARIANNA, FLORIDA 32448  
(City/State and Zip Code)

For further information concerning this matter, please call:

PHIL GOCOOOL at ( 850 ) 557-0577  
(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, PRASANT DESAI, hereby resign as DIRECTOR  
(Title)

of SHRI HARI KABIR HOSPITALITY, INC.  
(Name of Corporation)

P07000108903, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

P. R. Desai  
(Signature of resigning officer/director)

FILED  
09 MAY 14 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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