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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M2 1/17/14

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SHAKIRAN ENTERPRISES, INC.

(Name of Corporation)

DOCUMENT NUMBER: N/A

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

Please return all correspondence concerning this matter to the following:

KIRAN H. SINGH

(Name of Person)

SHAKIRAN ENTERPRISES, INC.

(Name of Firm/Company)

8161 WILES ROAD

(Address)

CORAL SPRINGS, FL 33067

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLINA DE LOS RIOS (9)

,954 √

345-2959

(Name of Person)

(Area Code & Daytime Telephone Number)

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

Mailing Address:

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

Street Address:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

			FILE	ل
			SECRET	PH 12: 47
JOSE M DE LOS F	RIOS	, hereby resign a	SECRET	ARWIDA
7		,	TALLMIN	(Title)
SHAKIRAN ENTER	RPRIS	ES, INC.	%	
(Name	e of Corporatio	n)	-	
N/A (Document Number, if known)	, a corpora	ation organized	under the laws of t	he State of
FLORIDA	.			

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

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