

PO900097347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

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2010 OCT 22 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAHI ENTERPRISES ONE INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000097347

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

Please return all correspondence concerning this matter to the following:

PRAKASH BRAHM BHATT

(Name of Person)

MAHI ENTERPRISES INC

(Name of Firm/Company)

4596 SE MARICAMP ROAD

(Address)

OCALA, FLORIDA 34480

(City/State and Zip Code)

For further information concerning this matter, please call:

PRAKASH BRAHM BHATT

(Name of Person)

at ( 352 ) 6941716

(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

Center Circle  
32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

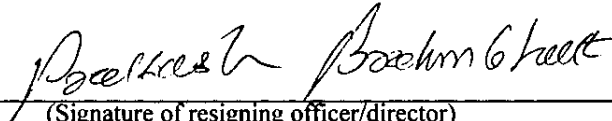
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, PRAKASH BRAHM BHATT, hereby resign as PRESIDENT  
(Title)

of MAHI ENTERPRISES ONE INC  
(Name of Corporation)

P09000097347, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**FILED  
2010 OCT 22 PM 4:00  
TALLAHASSEE, FLORIDA**

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

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