P110086611

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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AND VALUETY

TALLAHOSSEE PHOSING

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: FAB BRANDZ INC.	
DOC	(Name of Corporation) UMENT NUMBER: P11000096611	
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for fili	ing.
Please	e return all correspondence concerning this matter to the following:	
AJA	AY SUJANANI	
	(Name of Person)	
FA	B BRANDZ INC.	
	(Name of Firm/Company)	
P.C	D.BOX 661	
	(Address)	
RIC	CHMOND, VA 23219	
	(City/State and Zip Code)	
For fu	rther information concerning this matter, please call:	
AJ	AY SUJANANI at (917)8557496	
	(Name of Person) (Area Code & Daytime Telephone Number)	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, AJAY SUJANANI
(Name of Registered Agent)
hereby resigns as Registered Agent for FAB BRANDZ INC. (Name of Corporation)
(Name of Corporation)
P11000096611
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.
Maylya
(Signature of Resigning Agent)
If signing on behalf of an entity:
AJAY SUJANANI
(Typed or Printed Name)
REGISTERED AGENT
(Capacity)
Fee for filing this document:
\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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