

P12 000055250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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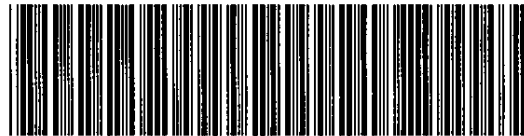
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** M. N. KHIMANI, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P12000055250

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

Please return all correspondence concerning this matter to the following:

KHIMANI,ZAREEN

(Name of Person)

M.N.KHIMANI,INC

(Name of Firm/Company)

3469 NW 110 TERR

(Address)

CORAL SPRINGS, FL -33065

(City/State and Zip Code)

For further information concerning this matter, please call:

KHIMANI,ZAREEN

(Name of Person)

at ( 954 ) 695-0719

(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, KHIMANI, MOHAMMED A, hereby resign as PRESIDENT/DIRECTOR  
(Title)

of M.N.KHIMANI, INC  
(Name of Corporation)

P12000055250, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

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STATE OF FLORIDA  
AMENDMENT SECTION

 08 21 12  
(Signature of resigning officer/director)

**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