P1300015270

(Requ	uestor's Name)	·
(Addr	ess)	
(Addr	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	me)
(Doct	ument Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
780, 6342		

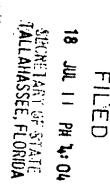
Office Use Only



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07/12/18--01028--003 **10.00

06/15/18--01007--027 **25.00



JUL 12 2018 S. YOUNG



June 19, 2018

ANIL GOKOOL AYGI 2013 INC 5781 CAPE HARBOR DRIVE #1303 CAPE CORAL, FL 33914

SUBJECT: AYGI 2013 INC. Ref. Number: P13000015270

We have received your document for AYGI 2013 INC. and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$35.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 018A00012711

Shelia H Young Regulatory Specialist II

www.sunbiz.org

TRANSMITTAL LETTER

SUBJECT: A	(Name of Corporation)
DOCUMENT NUMBER: F	,
The enclosed Officer/Director Resign	gnation for a Corporation and fee are submitted for filing
Please return all correspondence con	ncerning this matter to the following:
A NIL GOKO	on)
AYGI 2013 (Name of Firm/Cor	mpany)
5781 Cape Harbor (Address)	DR
Cape Corac FC (City/State and Zip	33914 (Code)
For further information concerning to	this matter, please call:
ANIL GO KOO! (Name of Person)	at (239) 851 6355 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e 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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı. \	ELLIE	Cro14001		, hereby resign as_	Vice	president	
		-				(Title)	
of	<u> </u>		2013 e of Corpor	·	-		<u> </u>
	(Document Num		, a coη	poration organized und	der the la	ws of the State of	
	FLOOTE	RIDA					
				Gokool			
	_		(Signature	of resigning officer/direct	or)		

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 18 JUL II PH 14: QL