P14000056549

(Re	equestor's Name)
(Ad	idress)
(Ad	ldress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bi	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
ì	Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOV 0 6 2014 T. CARTER

DID Resign

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: RAJANI FUELS INC (Name of Corporation)
DOCUMENT NUMBER: \$ 14000056549
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
RAMIAN RAJANI (Name of Person)
(Name of Person)
RAJANI FUELS INC. (Name of Firm/Company)
(Name of Firm/Company)
6162 DR. MARTIN WIND KING JL N. Street (Address)
St Peters Bill L 37703 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
RAMWO RAJANI at (443) 398 7727 (Name of Person) (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
2661 Executive Center Circle
Tallahassee, FL 32301

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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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OENT	VICE- PESIO (Title)	_, hereby resign as	AD	MOHAMM	ANNAR Aci
		on)	/W_ e of Corporat		E RAJANI
ate of	er the laws of the Stat		-		1400005654
		<i>5</i>		r, if known)	(Document Number,
			·		PESPIDA

(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