

P 16000071058

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C. GOLDEN

DEC - 6 2017

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SARIF & MD ENTERPRISE INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P16000071058

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

Please return all correspondence concerning this matter to the following:

CHOWDHURY KABIR

(Name of Person)

CMAx CONSULTING INC

(Name of Firm/Company)

4928 10TH AVE N

(Address)

GREENACRES, FL-33463

(City/State and Zip Code)

For further information concerning this matter, please call:

CHOWDHURY KABIR at ( 561 ) 202-6620

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made 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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MD MAHEDI HASAN, hereby resign as VP  
(Title)

of SARIF & MD ENTERPRISE INC  
(Name of Corporation)

P16000071058, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

MD MAHEDI HASAN

Digitally signed by MD MAHEDI HASAN  
DN: cn=MD MAHEDI HASAN, o, ou  
email=CKABIR7@GMAIL.COM, c=US  
Date: 2017.11.28.19:22:47 -05'00'

(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

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