P93000041689

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	-
(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	
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FILED
2013 DEC 23 PH 12: 42

S. HAWKES

JAN - 2 A.M.

EXAMINER

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT. LALANI CORPORATION

(Name of Corporation)

DOCUMENT NUMBER: <u>P930</u>00041689

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

Please return all correspondence concerning this matter to the following:

ANWARALI LALANI

(Name of Person)

LALANI CORPORATION

(Name of Firm/Company)

2960 TAFT ST

(Address)

HOLLYWOOD FL 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

ANWARALI LALANI

.,954 ,926-6752

(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 CARMENCITA Q. LAL	TREASURY, SECY. & DIRECTOR hereby resign as
	(Title)
of LALANI CORPORAT	ION
(Name of Co	
P93000041689 (Document Number, if known)	corporation organized under the laws of the State of
FLORIDA	740 20
	2013 DEC 23 TALLAHASS
x Caumer	Ture of resigning officer/director)
(Signa	ture 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
Fallahussee, Florida 32314