

P06000007982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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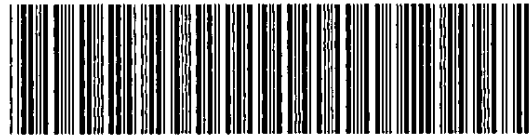
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
10 AUG 20 AM 9:33

*R.A. Reag*  
C.COULLETTE  
AUG 24 2010  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LABH ENTERPRISES INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000007982

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

Please return all correspondence concerning this matter to the following:

PRAMUKHA PATEL  
(Name of Person)

LABH ENTERPRISES INC  
(Name of Firm/Company)

13521 SE HIGHWAY 25, PO BOX # 1449  
(Address)

OCKLAWAHA, FL 32183  
(City/State and Zip Code)

For further information concerning this matter, please call:

PRAMUKHA PATEL at ( 352 ) 454 5752  
(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, KANAIYALAL PATEL  
(Name of Registered Agent)

hereby resigns as Registered Agent for LABH ENTERPRISES INC  
(Name of Corporation)

P06000007982  
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

*Kanaiyalal Patel*  
(Signature of Resigning Agent)

MONICA LYNN REID  
Notary Public, State of Florida  
My Comm. exp. Feb. 1, 2013  
Comm. No. DD 853816

*Monica Lynn Reid*

If signing on behalf of an entity:

Kanaiyalal Patel  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 AUG 20 AM 9:39

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314