

L1 0000112437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

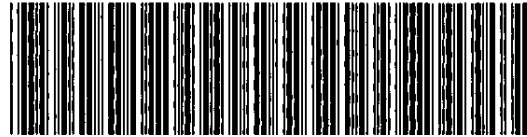
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

AUG 24 2012

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NKV SOLUTION LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000112437

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nada K Vanisova

Name of Person

NKV SOLUTION LLC

Name of Firm/Company

15 PARADISE PLAZA 365

Address

SARASOTA, FL 34239

City/State and Zip Code

nkvsolution@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dagmar Gorman

Name of Person

at ( 941 )

Area Code & Daytime Telephone Number

726-55557

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

### MAILING ADDRESS:

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

### STREET ADDRESS:

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

2812 AUG 23 PM 3:40

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# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Thomas Smola

, hereby resigns as

Name of Registered Agent

Registered Agent for NKV SOLUTION LLC

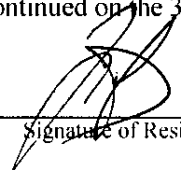
Name of Limited Liability Company

L10000112437

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

SMOLA

Typed or Printed Name

MGR

Capacity

FILED  
2019 AUG 23 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314