

595742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

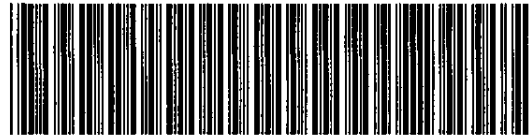
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200242949422

12/26/12--01020--028 \*\*87.50

12 DEC 26 AM 11:16

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PA Design

DEC 27 2012

T. CAULEY

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Design Kollaborative Architects Planners, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 595742

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andre Schofield Capi

Name of Contact Person

Design Kollaborative Architects Planners, Inc.

Firm/Company

24 NE 24 Avenue

Address

Pompano Beach Florida 33062

City/State and Zip Code

acapi@dk-group.com

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

For further information concerning this matter, please call:

Andre Capi

Name of Contact Person

at (954) 941-3329

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

12 DEC 26 AM 11:16

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Thomas H Di Giorgio

(Name of Registered Agent)

hereby resigns as Registered Agent for Design Kollaborative Architects Planners, Inc.

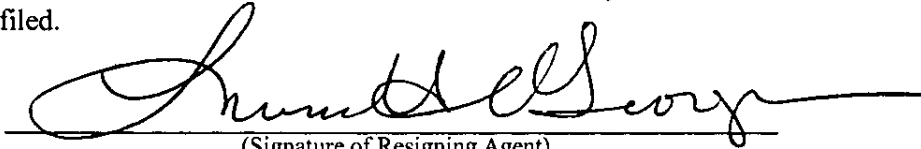
(Name of Corporation)

595742

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

THOMAS H. DiGIORGIO

(Typed or Printed Name)

(Past Owner)

(Capacity)

**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