

A98000001877

(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



400076136374

06/16/06--01045--022 **87.50

FILED

06 JUN 16 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GA NA
000

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KNARF 3175, Ltd.
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A98000001877

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Tracy Fairman
(Contact Person)

Fairman & Associates, Inc.
(Firm/Company)

4281 NW 12th Avenue
(Address)

Boca Raton, FL 33431
(City, State and Zip Code)

For further information concerning this matter, please call:

Tracy Fairman at (561) 302-7224
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee ☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

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

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

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Fairman and Associates, hereby resigns as
(Name of Registered Agent)

Registered Agent for KRAFT 3175, Ltd.,
(Name of Limited Partnership or Limited Liability Limited Partnership)

A980000001877
(Florida Document Number, if known)

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.

Tracy L. Fairman
Signature of Registered Agent

If signing on behalf of an entity:

Tracy L. Fairman
Typed or Printed Name
Director
Capacity

FILED
06 JUN 16 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$87.50
Certified Copy (optional): \$52.50