

F070000006186

(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



300271715183

04/17/15--01010--028 **87.50

FILED

2015 APR 17 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 20 2014
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Johann Koller Liegenschaftsverwaltungs GmbH Inc.
(Name of Corporation)

DOCUMENT NUMBER: F07000006186

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Name of Firm/Company)

(Address)

(City/State and Zip Code)

Have not had any
contact with this
company in over
6 years. I thought
I was already replaced
as registered agent
years ago.

For further information concerning this matter, please call:

Patricia Brown at (727) 367-1800
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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, Patricia Brown

(Name of Registered Agent)

hereby resigns as Registered Agent for Johann Koller Liegenschaftsverwaltung

(Name of Corporation)

F07000006186

(Document Number, if known)

2015 APR 17 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

Patricia Brown

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(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withdrawn corporation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**