

F 15 0000000 87

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

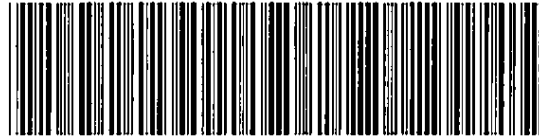
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2023 NOV 28 PM 2:45

FILED

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 NOV 28 PM 3:11

RECEIVED

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312  
(850) 656-4724

DATE 11/28/2023

**\*\*WALK IN\*\***

ENTITY NAME KURZ MEDICAL, INC.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$87.50

ACCOUNT #: I20160000072

*S R J*

Please call Tina at the above number for any issues or concerns. Thank you so much!

• • • • •

**TO:** Amendment Section  
Division of Corporations

SUBJECT: \_\_\_\_\_ KURZ MEDICAL, INC.  
(Name of Corporation)

DOCUMENT NUMBER: F15000000037

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:

TRAUTE KURZ  
\_\_\_\_\_  
(Name of Person)

HEINZ KURZ GMBH

---

(Name of Firm/Company)

MEDIZINTECHNIK TUBINGER STR. 3  
(Address)

DUSSLINGEN GERMANY D-72144

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(City/State and Zip Code)

For further information concerning this matter, please call:

DEVORA NEALY at ( 404 815-3500 )  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, SMITH, GAMBRELL & RUSSELL, llp

(Name of Registered Agent)

hereby resigns as Registered Agent for KURZ MEDICAL, INC.

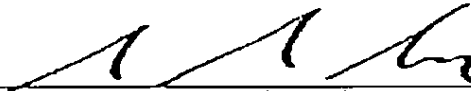
(Name of Corporation)

F1500000037

(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:

HAN-MICHAEL KRAUS

(Typed or Printed Name)

SECRETARY

(Capacity)

2023 NOV 28 PM 2:45

### **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