L01000005110

(Req	uestor's Name))	
(Add	ress)		
(Add	ress)		
(Čity)	/State/Zip/Phon	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	iness Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to F	iling Officer:		

Office Use Only



700025018597

i2/08/03--01016--009 **155.00

03 DEC -8 55 (0: 05

D3 DEC -8 AMIL

C. Coulliste DEC 0 8 2003

→ CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Date

Will Pick Up

Name

Walk-In

(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
1 @ 85.00 2 @ 35.00	Fictitious Name File
(6) 85.	Trade/Service Mark
1000	Merger File
a) 35.	Art. of Amend. File
	RA Resignation
15.7	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
•	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
- -	Vehicle Search
de	Driving Record
Requested by:	UCC 1 or 3 File

UCC 11 Search_

Courier_

UCC 11 Retrieval_

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	sions of section 608.416(2) or 608.509, Florida Statutes, the under	signed,	
C:	Capital Connection. Inc. , hereby r	resigns as	
	(Name of Registered Agent)	Ū	
Registered Agent for	Royal Kalm Capital LLC	·	** *
	(Name of Limited Liability Company)		
A copy of this resign address.	nation was mailed to the above listed limited liability company	at its last	known
The agency is termin statement is filed.	nated and the office discontinued on the 31st day after the d	ate on wh	ich this
	(Signature of resigning agent)	TAI SE	8
	(Signature of tepigining agent)	CRI LA	3 DE
If signing on behalf of	f an entity:	HAS MATA	<u> </u>
	Weimar Lopez for Capital Connection, Inc.	SEF VY C	8 [
	(Typed or printed name)	二 元 元	
	Registered Agent Coordinator		~
	(Capacity)	2,144	وَن

FILING FEES:

\$ 85.00 Active Limited Liability Company \$ 25.00 Dissolved Limited Liability Company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314