

L04000043212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

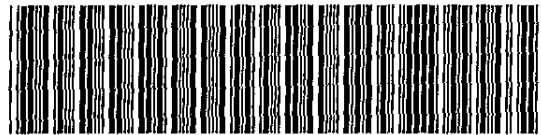
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900056980649

07/12/05--01022--012 \*\*\$5.00

FILED

05 JUL 15 PM 1:13

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

7-17-05  
PARRS

JEFFREY E. CAMPION, P.A.

ATTORNEY AT LAW

1730 MAIN STREET SUITE 216  
WESTON, FLORIDA 33326  
[campionj@campionlaw.com](mailto:campionj@campionlaw.com)

TELEPHONE (954) 385-2355  
TELEFAX (954) 385-5554

Jeffrey E. Campion

June 22, 2005

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

Re: KARPA, LLC

Dear sir or madam:

Enclosed is a check payable to the Florida Department of State for \$85.00 along with the Resignation of the Registered Agent for the above company. Please send a confirmation of the Resignation.

If you have any questions, please contact our office.

Sincerely,



Jeff Campion

JC:js

Enclosures as noted

F:\Active Files\04049\Div Corp re RA Resignation.doc

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Karpa, L.L.C.  
(Name of Limited Liability Company)

DOCUMENT NUMBER: 204000043212

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey E. Champion  
(Name of Person)

Jeffrey E. Champion, P.A.  
(Name of Firm/Company)

1730 Main Street Ste 216  
(Address)

Weston, FL 33326  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey Champion at ( 954 ) 385-2355  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

