LO4000043212

(Requestor's Name)						
(Address)						
(Ac	ldress)					
(Ĉi	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
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	cument Number)					
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Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					
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SECRETARY OF STATE

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JEFFREY E. CAMPION, P.A.

ATTORNEY AT LAW

1730 MAIN STREET SUITE 216 WESTON, FLORIDA 33326 campioni@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

Division of Corporations
SUBJECT: Kaypa, L.L.C. (Name of Limited Liability Company)
DOCUMENT NUMBER: 104000043212
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. Campion (Name of Person)
Jeffrey E. Canppion, P.A. (Name of Firm/Company)
1730 Main street Ste 216 (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Teffrey Campion 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO: Amendment Section

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

INH\$17(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	n 608.416(2) or 60	08.509, Florida Sta	tutes, the undersig	ned,	
Jeffrey E	Campion	PA.	_, hereby resigns	as	
(Name of Re	gistered Agent)			*	
Registered Agent for	Karpa,	LLC.			
- (Name of Limited Lial	bility Company)	 		•
L04000043212					
(Document Number, if known)		٠,	-		
A copy of this resignation was mail	ed to the above lis	sted limited liability	y company at its la	ist known addre	:ss.
The agency is terminated and the of	(Signature of R	on the 31st day aft resigning Agent)	er the date on whi	SECRETARY	at is filed.
	(Capa	city)		· 5 7	~ 0

\$85.00 Active limited liability company
\$25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company

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