105000050175

(Requestor's Name)				
(Ac	ldress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
(20	,	,		
Certified Copies	_ · Certificate	s of Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only



600240003946

10/01/12--01030--022 **25.00

12 001 - | PM 1: 22

B. BOSTICK

0CT - 2 2012

EXAMINER



VIA FEDERAL EXPRESS

September 28, 2012

Florida Department of State Division of Corporations Amendment Section Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

RE: Keys Ventures Associates, LLC

Document Number: L05000050175

To Whom It May Concern:

By way of introduction, my name is Ed Scales and this firm represents Timothy J. Koenig.

Enclosed please find Mr. Koenig's completed Resignation of Registered Agent for a Limited Liability Company, as well as Mr. Koenig's check in the amount of \$25.00 (check No. 012898) representing the filing fee for this document.

I would appreciate you taking the necessary steps removing Mr. Koenig as the named registered agent for this administratively-dissolved limited liability company.

In addition, please direct all future correspondence regarding this matter to the attorneys for the members/owners of the limited liability company:

12 001 -1 PM 1:2

Florida Secretary of State, Division of Corporations September 28, 2012 Page 2

Allan A. Joseph, Esquire Fuerst Ittleman David and Joseph, P.L. 1001 Brickell Bay Drive, 32nd Floor

Miami, Florida 33131 Telephone: 786-364-7990

e-mail: ajoseph@davidjosephlaw.com

Wayne LaRue Smith, Esquire The Smith Law Firm 333 Fleming Street Key West, Florida 33040 Telephone: (305) 296-0029

e-mail: wsmith@thesmithlawfirm.com

Thank you very much for your time and consideration. If you have any questions, comments or concerns, please do not hesitate to contact me.

Sincerely yours,

Edwin A. Scales, III

EAS/IIr Enclosures

cc: Allan A. Joseph, Esquire (w/enclosures)

Wayne LaRue Smith, Esquire (w/enclosures)

12 OCT -1 PM 1: 22

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of s	ection 608.416(2) or 608.509	, Florida Statutes, the unc	dersigned,	
TIMOTHY J. KOENIG		, hereby re	, hereby resigns as	
Name	of Registered Agent			
Registered Agent for	KEYS VENTU	RES ASSOCIATES,	LLC	
	Name of Limited Liability Co	ompany	,	
L05000050	175		•	
Document Number, i	fknown			
A copy of this resignation was	mailed to the above listed lin	nited liability company a	it its last known address.	
The agency is terminated and	the office discontinued op the	31st day after the date o	on which this statement is filed.	
	Signature of R	esigning Agent		
If signing on behalf of an entit	y:		12 OCT	
	Typed or Printed N	Name	SSE - IT	
	Capacity		M 1:22	

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

FILING FEES:

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