L10000112437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. CLINE

AUG 24 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NKV SOLUTION LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000112437

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:

Nada K Vanisova
Name of Person

NKV SOLUTION LLC
Name of Firm/Company

15 PARADISE PLAZA 365
Address

SARASOTA, FL 34239
City/State and Zip Code

nkvsolution@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dagmar Gorman at (941) 726-55557
Name of Person Area Code & Daytime Telephone Number

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2010 AUG 23 PM 3:45
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TALLAHASSEE, FLORIDA

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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Thomas Smola , hereby resigns as
Name of Registered Agent

Registered Agent for NKV SOLUTION LLC

Name of Limited Liability Company

L10000112437
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

SMOLA
Typed or Printed Name

MGR
Capacity

FILED
2012 AUG 23 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:
$ 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$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (08/05)