# L12000142188

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

## $_{ m SUBJECT}$ KRJ HOLDINGS OF SW FLORIDA, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER: L12 000142188** 

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:

## Joshua O. Dorcey

Name of Person

## The Dorcey Law Firm, PLC

Name of Firm/Company

10181 Six Mile Cypress Pkwy, Suite C

Address

Fort Myers, FL 33966

City/State and Zip Code

## josh@dorceylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua O. Dorcey

<sub>at</sub> 239 \418-0169

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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,  The Dorcey Law Firm, PLC  , hereby resigns as
Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,
The Dorcey Law Firm, PLC
Name of Registered Agent
Registered Agent for KRJ HOLDINGS OF SW FLORIDA, LLC
Name of Limited Liability Company
L12000142188
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:  The Jovey Caw Fryn, PCC  Typed or Printed Name  Capacity

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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