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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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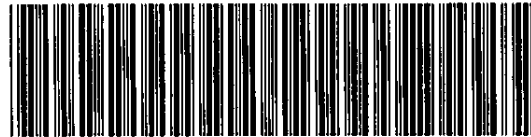
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
NOV 14 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KB AUTOMOTIVE PAINTSHOP LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000102293

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:

KIM BJERG  
Name of Person

KB AUTOMOTIVE PAINT SHOP, LLC  
Name of Firm/Company

2410 SW 50 STR  
Address

FT. LAUDERDALE, FL 33312  
City/State and Zip Code

KIM BJERG @HOTMAIL.DK  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIM BJERG at ( 954 ) 391-2120  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Kim Bjerg

Name of Registered Agent

, hereby resigns as

Registered Agent for

KB AUTOMOTIVE PAINTSHOP LLC

Name of Limited Liability Company

L15000102293

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.

Kim Bjerg

Signature of Resigning Agent

If signing on behalf of an entity:

KIM BJERG

Typed or Printed Name

100%

Capacity

2016 NOV -10 P 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## 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