

L9800000158D

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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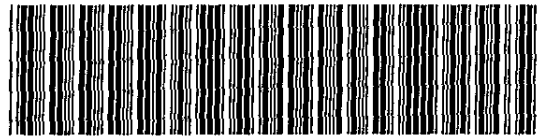
(Business Entity Name)

(Document Number)

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03 MAY -9 PM 1:59  
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TAMMSECT, FLORIDA

L9800000158D  
RAB 235  
08-5-03  
05-9-03

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Karawood, L.C.  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

F. Derek Woods  
(Name of Person)

Karawood, L.C.  
(Name of Firm/Company)

c/o Stevie Tomato's Sportspage, Corporate Office  
(Address)

2430 Vanderbilt Beach Road

Naples, Florida 34109-2654  
(City/State and Zip Code)

For further information concerning this matter, please call:

F. Derek Woods at (239) 597-6455  
(Name of Person) (Area Code and Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or liability company.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

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

Naples-Lawdock, Inc.

(Name of Registered Agent)

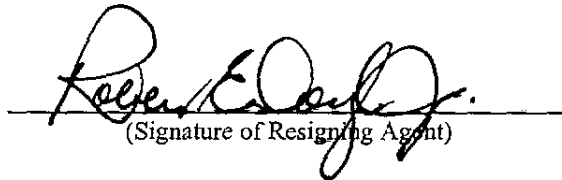
hereby resigns as Registered Agent for Karawood, L.C.

L98000001580

(Document Number, if known)

A copy of this resignation was mailed to the above-listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31<sup>st</sup> day after the date on which this statement is filed.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Robert E. Doyle, Jr.  
(Typed or Printed Name)

Vice President  
(Capacity)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**Fee for filing this document:**

\$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:**

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