# P02000018940

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
☐ PICK-UP		MAIL
(Busi	ness Entity Na	ne)
(Docu	ument Number)	
Certified Copies	Certificate	s of Status
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#### TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: KOEL (UNSMINITIVA), INL.  (Name of Corporation)  DOCUMENT NUMBER: POZOOO 18940
DOCUMENT NUMBER: 70200018940
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)  (Name of Person)  (Name of Firm/Company)  1103 MMSENA hAZA Diz.  (Address)  TAMPA £ 35619  (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at ( \( \frac{\fir}{\frac{\fir}{\fir}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}{\fir}}{\firint{\firac{\firac{\firic}{\firintet{\frac
The level is a short made markle to the Floride Department of State for \$97.50 for an active compared

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

### **CURRAN K. PORTO**

#### A PROFESSIONAL ASSOCIATION ATTORNEY AT LAW

E-mail curran@realtitleservices.com

1103 Marbella Plaza Dr. Tampa, Florida 33619 Telephone (813) 258-0216 Facsimile (813) 258-0203

February 16, 2005

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

RE:

Koel Construction, Inc.

Document number P02000018940

#### Dear Representative:

Please find the enclosed resignation of the registered agent for the referenced corporation along with a check from that individual in the amount of \$87.50.

Further, I have enclosed a check for \$300 to be placed into my account number 120030000132. Please replenish that account and charge the same for the enclosed resignations for the same referenced corporation.

On another matter, please be so kind as to have the accounting department change my address to 1103 Marbella Plaza Dr., Tampa, FL 33619.

Thank you.

Curran K. Porto

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enclosures CKP/obs



## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, (Name of Registered Agent)
Florida Statutes, the undersigned,  (Name of Registered Agent)  (Name of Corporation)  Florida Statutes, the undersigned,  (Name of Corporation)
Po 20000 1 8 9 4 0 (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 31st day after the date on which this statement is filed.  (Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

Fee for filing this document:

(87.50)- Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation

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