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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BAKER & HOSTETLER LLP

Account Number : I19990000077

Phone : (407)649-4016

Fax Number

: (407)841-0168

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT RESIGNATION KOPA, P.A.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJE	CT:	
0 2, 0 2,	(Name of Corpora	ation)
DOCU	MENT NUMBER: P04000113004	
The en	closed Resignation of Registered Agent for a Corpo	oration and fee are submitted for filing.
Please	return all correspondence concerning this matter to	the following:
Evelyn l	Rodriguez	
	(Name of Person)	
Baker &	t Hostetler, LLP	
	(Name of Firm/Company)	
200 S. C	Orange Avenue, SUITE 2300	
	(Address)	
Orlando	, Florida 32801	
	(City/State and Zip Code)	_
For fur	ther information concerning this matter, please call	:
Evelyn	Rodriguez 407	649-4071
		de & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 61	7.1509.					
Plorida Statutes, the undersigned. David L. Schick						
Plorida Statutes, the undersigned, David L. Schick (Name of Registered Agent)						
hereby resigns as Registered Agent for KOPA, P.A. (Name of Corporation)						
(Name of Corporation)						
P04000113004						
(Document Number, if known)						
A copy of this resignation was mailed to the above listed corporation at its last kr	iown ad	dress.				
The agency is terminated and the office discontinued on the 31st day after the dat this statement is filed. (Signature of Resigning Agent)	e on wh	ich				
If signing on behalf of an entity:						
(Typed or Printed Name)	- -	2023				
(Capacity)	-	2023 HAR 23				
		5: PH 5:				

Fee for filing this document:

\$87,50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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