

P05000005180

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL, INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: _____

REGISTERED AGENT RESIGNATION
KAMM FINE ARTS, INC.

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

RA Resign.

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September 8, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KAMM FINE ARTS, INC.
C/O PSEM, 235 PARK AVE SOUTH
FL 9
NEW YORK, NY 10003

SUBJECT: KAMM FINE ARTS, INC.
REF: P05000005180

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Our records reflect the current registered agent for this corporation is EMINUTES. The resignation of registered agent form is showing eRESIDENTAGENT, INC. as the registered agent resigning.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

FAX Aud. #: H16000222324
Letter Number: 416A00018926

**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, EMINUTES

(Name of Registered Agent)

hereby resigns as Registered Agent for Kamm Fine Arts, Inc.

(Name of Corporation)

P05000005180

(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:

Erika Easter

(Typed or Printed Name)

Authorized Person

(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withdrawn corporation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

FILED
SEP 8 2016
TALLAHASSEE, FLORIDA

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