109000025576

(Requestor's	Name)	
(Address)		
(Address)		
(City/State/Zi	p/Phone #)	
PICK-UP W	AIT MAIL	
(Business Er	ntity Name)	
(Document Number)		
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KA Resign

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SECRETARY OF STATE
TALL AHASSEE FLORID.

MAY 1 4 2012 T. ROBERTS

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: KAPPA NORTH AMERICA, INC.	
	(Name of Corporation	n)
DOCI	UMENT NUMBER: P09000025576	
Γhe er	nclosed Resignation of Registered Agent for a Corporat	ion and fee are submitted for filing
Please	return all correspondence concerning this matter to the	following:
Jillia	n Marschke	
<u>, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</u>	(Name of Person)	
BUS	INESS FILINGS INCORPORATED	
	(Name of Firm/Company)	
8040	Excelsior Drive Suite 200	
	(Address)	
Mad	ison, WI 53717	
·	(City/State and Zip Code)	
For fu	rther information concerning this matter, please call:	
Jilliar	n Marschke at (800)	981-7183
		& 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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, BUSINESS FILINGS INCORPORATED
(Name of Registered Agent)
hereby resigns as Registered Agent for KAPPA NORTH AMERICA, INC.
(Name of Corporation)
P09000025576
(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.
Att Marilla
(Signature of Resigning Agent)
If signing on behalf of an entity:
Jillian Marschke
(Typed or Printed Name)
Asst. Secretary Business Filings Incorporated
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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