

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone : (702)866-2500 Fax Number : (702)866-2689

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

REGISTERED AGENT RESIGNATION KEEFACTOR BUSINESS CENTERS, INC.

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COVER LETTER

TO:	Amendment Section Division of Corporations
SURI	ECT: KEEFACTOR BUSINESS CENTERS, INC.
5050	(Name of Corporation)
DOC	UMENT NUMBER: P12000051208
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Wendy Hefley
	(Name of Person)
	Incorp Services, Inc.
	(Name of Firm/Company)
377	'3 Howard Hughes Parkway, Suite 500S
	(Address)
	Las Vegas, NV 89169-6014
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Wend	(Name of Person) at (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos or \$35.	ed is a check made payable to the Florida Department of State for \$87.50 for an active corporation .00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Ameno Divisio Clifton 2661 E	Address: Mailing Address: Iment Section Amendment Section on of Corporations Building Post Office Box 6327 xecutive Center Circle ussee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E046 (04/12)



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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Fursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Incorp Services, Inc.
(Name of Registered Agent)
hereby resigns as Registered Agent for KEEFACTOR BUSINESS CENTERS, INC.
(Name of Corporation)
P12000051208
(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. InCorp Services, Inc.
Signature of Rechaning Agenti If signing on behalf of an entity:
Wendy Hefley
(Typed or Printed Name)
Authorized Representative
(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