Paa 0000 14003

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE AUG - 6 2024

Office Use Only



200433617062

07/24/24--01017--323 **87.50



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: KAPRI MEDIA FLORIDA INC.

(Name of Corporation)

DOCUMENT NUMBER: P22000069003

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:

VANESSA FLANAGAN

(Name of Person)

PARACORP INCORPORATED

(Name of Firm/Company)

PO BOX 160568

(Address)

SACRAMENTO CA 95833

(City/State and Zip Code)

For further information concerning this matter, please call:

VANESSA FLANAGAN800 ...53

(Name of Person)

(Area Code & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

,	
RESIGNATION OF REGISTERED AGENT FOR A CORPORATION	0 9. (
Fursuant to the provisions of sections $607.0502(2)$, $617.0502(2)$, 607.1509 , or 617.1509 .	
Florida Statutes, the undersigned, PARACORP INCORPORATED	
(Name of Registered Agent)	
hereby resigns as Registered Agent for KAPRI MEDIA FLORIDA INC.	
(Name of Corporation)	
P22000069003	
(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:	
ABIGALE PETERSON	

(Capacity)

ASST. SECRETARY FOR PARACORP INCORPORATED

(Typed or Printed Name)

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: KAPRI MEDIA FLORIDA INC.

(Name of Corporation)

DOCUMENT NUMBER: P22000069003

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:

VANESSA FLANAGAN

(Name of Person)

PARACORP INCORPORATED

(Name of Firm/Company)

PO BOX 160568

(Address)

SACRAMENTO CA 95833

(City/State and Zip Code)

For further information concerning this matter, please call:

VANESSA FLANAGAN

_{a.} 800

533.7272

(Name of Person)

(Area Code & 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, PARACORP INCORPORATED
(Name of Registered Agent)
hereby resigns as Registered Agent for KAPRI MEDIA FLORIDA INC.
(Name of Corporation)
P22000069003
(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:
ABIGALE PETERSON
(Typed or Printed Name)
ASST. SECRETARY FOR PARACORP INCORPORATED

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

(Capacity)