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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Dr. von Kapff & Dr. Auoff Investment I
DOCUMENT NUMBER:
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:
GISELIF SOYKE (Name of Person)
(Name of Firm/Company)
1907 SE 35 TH ST (Address)
CIAPE CORIAL, FL, 33904 (City/State and Zip Code)
For further information concerning this matter, please call:
GISELIF SOYKE at (239) 9/0-4/35 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

TO:

Amendment Section

Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 6	17.150	<i>)</i> 9,	
Florida Statutes, the undersigned, GISELIF SOYKE (Name of Registered Agent)		<del></del>	
hereby resigns as Registered Agent for Dr. Von Kapff & Dr. Rus (Name of Corporation)  Investment Inc.	9 <i>ff</i>		
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last kr	iown a	ıddres	ss.
The agency is terminated and the office discontinued on the 31st day after the dat this statement is filed.	ABLAHAS	/h@ 007 3	7
(Signature of Resigning Agent)  If signing on behalf of an entity:	Y OF STATE	1 AM 8: 36	
(Typed or Printed Name)	_		
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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