94000090037

| (Requestor's Name) | |
|---|----------|
| | |
| (Address) | |
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| (Address) | , |
| (Ch. 10) A. 77 (11) (Ch. 11) 40 | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MA | IL |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | • |
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| Certified Copies Certificates of Status | <u>·</u> |
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| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

| SUBJECT: Richard Kaiser Construct | (Name of Corporation) |
|---|---|
| D0400000 | • • |
| DOCUMENT NUMBER: P9400009 | 90037 |
| The enclosed Resignation of Registered | Agent for a Corporation and fee are submitted for filing |
| Please return all correspondence concerr | ning this matter to the following: |
| Richard Kaiser | |
| (Name of Person) | |
| (Name of 1 cison) | |
| Richard Kaiser Construction, Inc. | |
| (Name of Firm/Compan | у) |
| 4254 S.W. 92 Avenue | |
| (Address) | |
| Davie, Florida 33328 | |
| (City/State and Zip Cod | e) |
| For further information concerning this r | natter, please call: |
| Richard Kaiser | at (<u>954</u>) <u>444-6163</u> (Area Code & Daytime Telephone Number) |
| (Name of Person) | (Area Code & Daytime Telephone Number) |

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

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| ursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|
| lorida Statutes, the undersigned, Karey L. Bosack, P.A. |
| (Name of Registered Agent) |
| ereby resigns as Registered Agent for Richard Kaiser Construction, Inc. |
| (Name of Corporation) |
| P9400090037 |
| (Document Number, if known) |
| copy of this resignation was mailed to the above listed corporation at its last known address. |
| he agency is terminated and the office discontinued on the 31st day after the date on which is statement is filed. (Signature of Resigning Agent) Signing on behalf of an entity: |
| signing on behalf of an entity: |
| Karey L. Bosack |
| (Typed or Printed Name) |
| President President |

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)