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R.A. Resignation
TB 6/10/08

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
Division of Corporations	
SUBJECT: Kapital Corp.	
5020201	(Name of Corporation)
DOCUMENT NUMBER: P950000	54143
The enclosed Resignation of Registered	d Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concer	rning this matter to the following:
Richard M. Malcy	
(Name of Person)	
(Name of Firm/Compa	iny)
8301 S.W. 143 Ave.	
(Address)	
Miami, FL 33183	
(City/State and Zip Co	ode)
For further information concerning this	matter, please call:
Richard M. Malcy	at ( 786 ) 525-8489
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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  Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509.
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, or 617.1
Florida Statutes, the undersigned, Richard M. Malcy  (Name of Registered Agent)
hereby resigns as Registered Agent for Kapital Corp.  (Name of Corporation)
P95000054143
(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:
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)