P97000085771

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: KBS Partners Inc. (Name of Corporation) |
| DOCUMENT NUMBER: P9700085771 |
| 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: |
| |
| (Name of Person) |
| KBS Partners Inc. |
| KBS Partners Inc. (Name of Firm/Company) (8549 BiHern Arenne (Address) |
| • |
| Lutz FL 335 49 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (813) 258-9060 (Area Code & Daytime Telephone Number) |
| Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporati |

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
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 617.1509, | | |
|--|-----------------|---|
| Florida Statutes, the undersigned, Ricardo A. Koig | | - |
| (Name of Registered Agen | | |
| hereby resigns as Registered Agent for KBS Partners Drc. (Name of Corporation) | | |
| P9700085771 | | |
| (Document Number, if known) | | |
| A copy of this resignation was mailed to the above listed corporation at its last known add | iress. | |
| The agency is terminated and the office discontinued on the 31st day after the date on wh this statement is filed. | _{ු සි} | |
| HASS | JAN 31 | |
| (Signature of Resigning Agent) | < | 1 |
| If signing on behalf of an entity: | MH 10: 42 | |
| (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)