

P99000077431

(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:

Office Use Only



900041061019

09/17/04--01033--012 \*\*87.50

FILED  
04 SEP 17 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P99000077431  
9-17-04  
DARAN  
OK

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT KLM Restaurant Corporation  
Name of Corporation

DOCUMENT NUMBER: P99000077431

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

Alison Barber  
(Name of Person)

460 NE 10th TER  
Name of Firm/Company  
(Address)

BOCA RATON, FL 33432  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alison Barber at (561) 368-4864  
Name of person Area Code Daytime phone 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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  
Tallahassee, FL 32314

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

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, AUNSON BARBER

(Name of Registered Agent)

hereby resigns as Registered Agent for

KLM Restaurant Corporation

(Name of Corporation)

P.990000 77431

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]  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

04 SEP 17 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

~~FOR USE - 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withdrawn corporation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