

P99000086259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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RALRES  
@ 4.23.15

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEBORAH KAYE INTERIORS, INC.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** P99000086259

*Resignation of*  
The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LAURIE KRUSS  
Contact Person  
DEBORAH KAYE INTERIORS, INC.  
Firm/Company  
825 MERIDAN LANE  
Address  
HOLLYWOOD, FL 33019  
City, State and Zip Code  
Laurie K Kruss <lkruss@aol.com>  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURIE KRUSS at ( 305 ) 710-9683  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2015

LAURIE KRUSS  
DEBORAH KAY INTERIORS, INC.  
825 MERIDAN LANE  
HOLLYWOOD, FL 33019

SUBJECT: DEBORAH KAYE INTERIORS, INC.  
Ref. Number: P99000086259

We have received your document for DEBORAH KAYE INTERIORS, INC..  
However, the document has not been filed and is being returned for the following:

No check enclosed for the resignation of registered agent.

The fee to resign as registered agent of an active corporation is \$87.50.

If you have any questions concerning the filing of your document, please call  
(850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 415A00006946

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DIVISION OF CORPORATIONS  
2015 APR 20 AM 8:24

**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, NORMAN LEVINE

(Name of Registered Agent)

hereby resigns as Registered Agent for DEBORAH KAYE INTERIORS, INC.

(Name of Corporation)

P99000086259

(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.

NORMAN LEVINE

(Typed or Printed Name)

REGISTERED AGENT

(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