

109000010763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

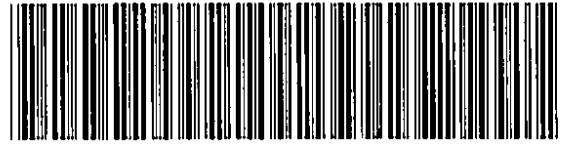
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 AUG 23 AM 1:40

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K. SALY  
AUG 28 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kobi Karp and Partners, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000010763

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kobi Karp

Name of Person

Kobi Karp ARchitecture

Name of Firm/Company

2915 Biscayne Blvd, suite 200

Address

Miami, FL 33137

City/State and Zip Code

kobikarp@kobikarp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kobi Karp

305 573-1818

Name of Person

at ( Area Code ) Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Jennifer McConney \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for Kobi Karp and Partners, LLC

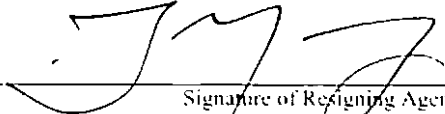
\_\_\_\_\_  
Name of Limited Liability Company

L09000010763

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

Jennifer McConney  
\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

FILED  
18 AUG 23 AM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA