

A16000000381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

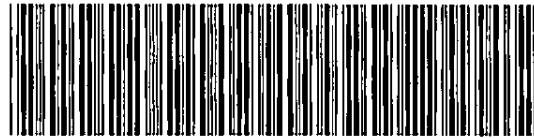
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C.T.V BONGA HOLDINGS LIMITED LIABILITY LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A16000000381

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Registered Agent Department

Contact Person

BizFilings Inc

Firm/Company

8020 Excelsior Drive Suite 200

Address

Madison, WI 53717

City, State and Zip Code

agent@bizfilings.com

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

For further information concerning this matter, please call:

Registered Agent Department

Name of Contact Person

at (608) 827-5300

Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee

☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

STREET ADDRESS:

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

MAILING ADDRESS:

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

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned.

BUSINESS FILINGS INCORPORATED

Name of Registered Agent

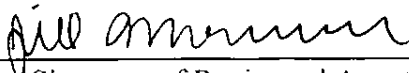
, hereby resigns as

Registered Agent for C.T.V BONGA HOLDINGS LIMITED LIABILITY LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

A16000000381

Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.


Signature of Registered Agent

If signing on behalf of an entity:

Jill Morrison

Typed or Printed Name

Asst Secretary for Business Filings Incorporated
Capacity

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DIVISION OF CORPORATE SERVICES

Filing Fee: \$87.50

Certified Copy (optional): \$52.50