

L03000048289

(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



900045851559

03/22/05--01030--008 **85.00

FILED

05 MAR 25 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-25-05 BA Rm /cm

PINEIRO, WORTMAN & BYRD, P.A.

Attorneys at Law

ANDREW A. PINEIRO
SCOTT J. WORTMAN*
BARRY B. BYRD+

LINDA ROCKER^{AO}

www.pwbattorneys.com

**Also admitted in New York and New Jersey*

+ Board certified real estate attorney

**Also admitted in Ohio*

°Of Counsel

March 17, 2005

VIA CERTIFIED MAIL

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314
Attention: Thelma Lewis - Document Specialist Supervisor

Re: Resignation of Registered Agent Status:
KL Florida, LLC
KL Financial Group DC Fund, LLC
KL Triangulum Management, LLC
KL Financial Group DB Fund, LLC
KL Financial Group Florida, LLC
KL Financial Group IR Fund Florida, LLC
KL Triangulum Fund, LLC

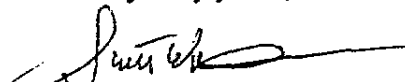
Dear Ms. Lewis:

Pursuant to your request enclosed please find individual executed Resignation of Registered Agent for a Limited Liability Company form for each of the above entities along with seven separate checks in the amount of \$85.00 for each of these filings.

Please make the necessary adjustments on the Department of State - Division of Corporations records.

Thank you for your prompt attention to this matter.

Very truly yours,


Scott J. Wortman

SJW/tlk

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Scott J. Wortman, hereby resigns as
(Name of Registered Agent)

Registered Agent for KL Triangulum Management, LLC
(Name of Limited Liability Company)

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]
(Signature of resigning agent)

If signing on behalf of an entity:

(Typed or printed name)

(Capacity)

FILED
05 MAR 25 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active Limited Liability Company
\$ 25.00 Dissolved Limited Liability Company

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