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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
FALLAHASSEE, FLORID.



Andrew A. Pineiro Scott J. Wortman* Barry B. Byrd*

LINDA ROCKER⁴⁰

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 se | ection 608.416(2) or 608. | .509, Florida Statute | es, the undersig | ned, | |
|--|---------------------------|-----------------------|------------------|---------------------|---|
| Sco | tt J. W | or tman | , hereby resi | gns as | |
| (Name o | f Registered Agent) | 1 | | | |
| Registered Agent for | L Financia | & Group | IR fund | 2, LLC | |
| | (Name of Limited Liabilit | y Company) | | - | - |
| A copy of this resignation wa | s mailed to the above I | isted limited liabili | ity company at | its last know | n |
| The agency is terminated and statement is filed. | the office discontinue | | after the date | HAR 25 PH | S |
| If signing on behalf of an entity | y: | · | ORIDA | D 2: 34 STATE | , |
| | (Typed or prin | ited name) | | | |
| | (Capacity | y) | | | |

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