

LOG000088460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

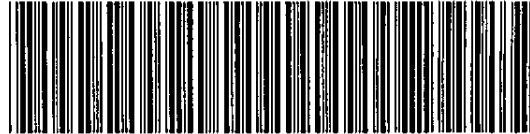
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/27/15--01022--016 **25.00

FILED
15 AUG 27 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 28 2015
J SHIVERS

**CT Corporation**111 Eighth Avenue
New York, NY 10011212 894 8940 tel
212 590 9180 fax
www.ctcorporation.com

August 19, 2015

RE: OKWTW, LLC (FL. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 check in the amount of \$25.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

*Theresa Alfieri (mn)*Theresa Alfieri
Senior Supervisor &
Assistant SecretaryTA/mn
Enclosure

August 19, 2015

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Theresa Alfieri
Senior Supervisor &
Assistant Secretary

TA/mn
Enclosure

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OKWTW, LLC (FL. DOM.)

Name of Limited Liability Company

DOCUMENT NUMBER: L09000088460

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:

THERESA ALFIERI

Name of Person

C T CORPORATION SYSTEM

Name of Firm/Company

111 EIGHTH AVENUE 13TH FLOOR

Address

NEW YORK, NY 10011

City/State and Zip Code

Theresa.Alfieri@Wolterskluwer.com

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

For further information concerning this matter, please call:

THERESA ALFIERI

Name of Person

at (212) 894-8516

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

INHS17 (12/13)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

C T Corporation System _____, hereby resigns as
Name of Registered Agent

Registered Agent for _____
OKWTW, LLC (FL. DOM.)
Name of Limited Liability Company

L09000088460
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.

C T Corporation System
By: *Theresa Alfieri*
Signature of Resigning Agent

If signing on behalf of an entity:

C T Corporation System - Theresa Alfieri
Typed or Printed Name
Assistant Secretary
Capacity

FILED
15 AUG 27 PM 2:42
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

INHS17 (12/13)