Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

LLC REGISTERED AGENT RESIGNATION LTFL LLC

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1/7/2025 12.19:31 PST To: 18506176383 Page: 2/2 Fax: 8134365206

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.01	15. Florida Statutes, the undersigned,
REGISTERED AGENTS, INC.	, hereby resigns as
Name of Registered Ag	unt
Registered Agent for LTFL LLC	
Name of Lit	nited Liability Company
L11000118860	
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 disco	ontinued on the 31st day after the date on which this statement is filed
	Wid Boert S. Signature of Resigning Agent
If signing on behalf of an entity:	
	David Roberts
	Typed or Printed Name
	Assistant Secretary :- &
	Capacity
	Typed or Printed Name Assistant Secretary Capacity FEES:
	<u> </u>
FILING \$ 85.00 \$ 25.00	Active limited liability company Administratively dissolved/ voluntarily dissolved/, withdrawn limited liability company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