

2/13/25, 12:18 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L1300049442**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE  
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Phone : (561)694-8107  
Fax Number : (561)214-8442

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT RESIGNATION  
KTR TM HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KTR TM Holdings, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000049442

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:

Erika Easter

Name of Person

eResidentAgent, Inc.

Name of Firm/Company

228 Park Ave S, PMB 50845

Address

New York, NY 10003-1502

City/State and Zip Code

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

For further information concerning this matter, please call:

Erika Easter

Name of Person

at ( 310 ) 820-1000

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

**STREET ADDRESS:**

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

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DEPT OF STATE  
TALLAHASSEE, FLORIDA

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

**eResidentAgent, Inc.**

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for **KTR TM Holdings, LLC**

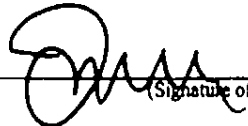
\_\_\_\_\_  
Name of Limited Liability Company

**L13000049442**

\_\_\_\_\_  
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.

  
\_\_\_\_\_  
(Signature of Resigning Agent)

If signing on behalf of an entity:

**Jeffrey A Unger**

\_\_\_\_\_  
Typed or Printed Name

**President**

\_\_\_\_\_  
Capacity

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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