

# LL3000119052

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS

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DEC 15 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KTLM HOLDINGS LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L13000119052

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:

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Name of Person

NORTHWEST REGISTERED AGENT LLC

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Name of Firm/Company

906 W. 2ND AVENUE, STE 100

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Address

SPOKANE, WA 99201

City/State and Zip Code

info@northwestregisteredagent.com

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

For further information concerning this matter, please call:

Jerome Woodworth at ( 509 ) 768-2249  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Northwest Registered Agent LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for KTLH HOLDINGS LLC

Name of Limited Liability Company

L13000119052

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:

Tom Glover

Typed or Printed Name

Assistant Secretary

Capacity

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DIVISION OF CORPORATIONS

### **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