# Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 Phone : (800)221-2972 Fax Number : (917)243-5843

\*\*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 TKG PROPERTIES SOUTH LLC

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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
TKG PROPERTIES SOUTH LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: U18000103809	
The enclosed Resignation of Registered Agent for a Limited for filing.	
Please return all correspondence concerning this matter to the	ne following:
TRACEE COTTON	
Name of Person	-
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.	
Name of Firm/Company	-
100 WALL STREET, SUITE 503	
Address	•
NEW YORK, NY 10005	
City/State and Zip Code	-
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
TRACEE COTTON at ( S00 Area Code	221-2972 X1550 Daytime Telephone Number
Name of Person Area Code	payunic receptione isumper

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\$85,00 for an active limited liability company or \$25,00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

Pursuant to the provis	sions of section 605.0115,	, Florida Statutes, the unde	ersigned,		
BLUMBERGEXCELS	SIOR CORPORATE SERV	TCES, INC.	, hereby resigns as		
<del></del>	Name of Registered Agent		, neces reargns as		
Registered Agent for	TKG PROPERTIES SOUT	THILC	·		
	Name of Limit	ted Liability Company			
L18000103809					
Document	Number, if known	<del></del>			
A copy of this resign	ation was mailed to the ab	pove listed limited liability	company at its last k	gown address.	
		tinued on the 31st day afte			J.
	1×10	Signanija of Resigning Agent	<b></b>		
		Signature of Readburst Aftern			
If signing on behalt o	of an entity:				
	MARY BROOKS				
	•	ped or Printed Name			
	ASSISTANT SECRET				
		Capacity			
	FILING 1 \$ 85.00 \$ 25.00	FEES: Active limited liability c Administratively dissolv withdrawn limited liabil	ed/voluntarily disso	2022 FEB 23	AP)
		le to Florida Department of Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	State and mult to:	3 AM 8: 2:	AND.