# M0600004173

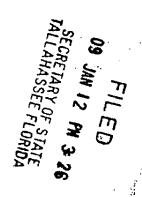
(Requestor's Name)	
(Address)	
·	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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01/12/09--01021--025 \*\*85.00





## **COVER LETTER**

TO: Amendment Section  Division of Corporations (2) (2, 46)	
SACRA JENTO, CA 95818-1039	
SUBJECT: KT TERRAZA I, LLC	
(Name of Limited Liability Company)	
DOCUMENT NUMBER: M06000004773	
The enclosed Resignation of Registered Agent for a Limited Liability Co for filing.	mpany and fee are submitted
Please return all correspondence concerning this matter to the following:	
NINH HO	
(Name of Person)	
PARACORP INCORPORATED	
(Name of Firm/Company)	
PO BOX 160568	
(Address)	•
SACRAMENTO, CA 95816-0568	
This plant of (City/State and Zip Code)	
For further information concerning this matter, please call:	
NINH HO (Name of Person) at (888) 886-7167 (Area Code & Daytime T	elephone Number)
Enclosed is a check made payable to the Florida Department of State for liability company or \$25.00 for an administratively dissolved, voluntarily 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

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

**FILING FEES:** 

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: Division of Corporations 31 8 2 4 0 3 1 1 4 60

P.O. Box 6327 Tallahassee, FL 32314

INHS17 (08/05)