

M16000005870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

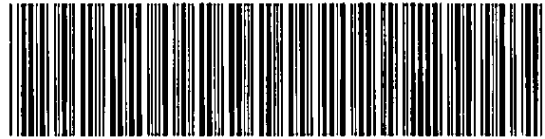
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FF \$25



100320004721

10/29/18--01021--012 **492.50

FILED
18 OCT 29 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BL VORISEK

NOV 19 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KTJ 293, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M16000005870

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:

Invoice Team

Name of Person

COGENCY GLOBAL INC

Name of Firm/Company

850 New Burton Rd Suite 201

Address

Dover, De 19904

City/State and Zip Code

invoices@cogencyglobal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Invoice Team _____ at (866) 621-3524
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

COGENCY GLOBAL INC

hereby resigns as

Name of Registered Agent

Registered Agent for KTJ 293, LLC

Name of Limited Liability Company

M16000005870

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.

Krystal Beckner

Signature of Resigning Agent

If signing on behalf of an entity:

Krystal Beckner

Typed or Printed Name

Assistant Secretary

Capacity

FILED
18 OCT 29 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, 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