

M98000000497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

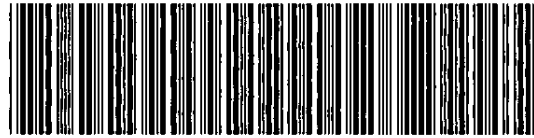
(Business Entity Name)

(Document Number)

Certified Copies: _____ Certificates of Status: _____

Special Instructions to Filing Officer:

Office Use Only



300161028623

09/29/09--01032--014 **340.00

RECEIVED
CLERK OF STATE
TALLAHASSEE, FLORIDA

09 SEP 29 AM 8:55

FILED

KA Resign
Tlew
10-9-09

CT Corporation
111 Eighth Ave.
New York, NY 10011

September 22, 2009

RE: BIOTEC FILMS LLC. (DE. DOM.)
JOAB AND SON MUSIC PUBLISHING, INC. (FL. DOM.)
KBF, LLC. (DE. DOM.)
LEXFORD GP, L.L.C. (OH. DOM.)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is 1 check in the amount 340.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri
Senior Supervisor &
Assistant Secretary

TA:lf
Enclosure

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

C T CORPORATION SYSTEM

(Name of Registered Agent)

, hereby resigns as

Registered Agent for LEXFORD GP, L.L.C. (OH. DOM.)

(Name of Limited Liability Company)

M98000000497

(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:

C T CORPORATION SYSTEM - Theresa Alfieri

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

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| \$ 25.00 | Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company |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