A14000000408

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(* **	(1000)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
/00	cument Number)	
(50	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer	<u>.</u>
Special instructions to	r imig Onicer.	

Office Use Only



400377020384

11/30/21--01005--012 **25.00

01/31/22--01001--010 **62,50

2021 NOV 30 PM 12: 33 SECRETARY OF STAIR TALL AMASSEL, 71 ORD

APPROVED AND FILED

COVER LETTER

TO: Amendment Section Division of Corporations	•
SUBJECT: KNOCKER BALL USA LP	
Name of Limited Par	rtnership or Limited Liability Limited Partnership
DOCUMENT NUMBER: A14000000	408
The enclosed Resignation of Registere	d Agent and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to:
JAMES BRYAN	
Contact Person	
BRYAN & ASSOCIATES, P.A.	
Firm/Company	
221 COMMERCIAL BLVD STE 203	
Address	
LAUDERDALE BY THE SEA, FL 33308	
City, State and Zip Cod	de
jim@bryancpa.net	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this	s matter, please call:
JAMES BRYAN	954 772-7655 at ()
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check made payable to the	ne Florida Department of State for:
■ \$87.50 Filing Fee □ \$140.0	00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

RESIGNATION OF REGISTERED AGENT FOR LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the prov	visions of section 620.1116, Florida Statutes, the undersign	ed,
JAMES W BRYAN (CPA PA	eby resigns as
	Name of Registered Agent	eoy reargns as
Registered Agent fo		·
	Name of Limited Partnership or Limited Liability Limited I	'artnership
A14000000408		
Florida Docume	nt Number, if known	
the Florida Depart	ment of State.	
If signing on beha	If of an entity:	
	JAMES W BRYAN	
	Typed or Printed Name	
	PRESIDENT	
	Capacity	

Filing Fee: \$87.50 Certified Copy (optional): \$52.50