L060000 45941

(Re	equestor's Name)		
(Ad	dress)		
(Ād	dress)		
(Cit	y/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT. Knot Yourz, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Norman Thomas

(Contact Person)

Knot Yourz, LLC

(Firm/Company)

105 S Narcissus Ave Suite 600

(Address)

West Palm Beach, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Norman Thomas

561 <u> 659-55</u>5

(Name of Contact Person)

(Area Code & Daytime Telephone Nu

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRES

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is: Knc		it appears on the records of the	Florida Department
2. This limited liab Florida	ility company was organized	under the laws of:	
3. The Florida docu <u>L060000459</u>	-	this limited liability company	is:
4. I, Kenneth L		, hereby resign as a MGF	RM
	ame of Person Resigning) pility company and affirm the	e limited liability company has	(Print Title)
_	gning Member, Managing M \$25.00 (Required) \$30.00 (Optional)	lember or Manager	-2 AHII: 34 SSEE FLORIDA