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(Requestor's Name)

(Address)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KNIGHTS TRANSPORT, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOPHER K MOORE
Name of Person

KNIGHTS TRANSPORT, LLC
Firm/Company

2744 STEAMBOAT LOOP
Address

N. FT. MYERS, FL. 33917
City/State and Zip Code

KNIGHTSTRANSPORT@MSN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER MOORE at (239) 265-3312
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy