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(Re	equestor's Name)			
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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: McKnight & Williams, PL	LC Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted f
Please return all correspondence concerning the	is matter to:
James Edward McKnight	
Principal Financial Group	
(Firm/Company) 3401 SW 160th Ave. Ste. 400	···-
(Address) Miramar, Fla. 33027 (City/State and Zip Code)	
For further information concerning this matter,	please call:
James McKnight (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	•
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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as Knight & Williams, Pl	• •	of the Florida Department
2. This limited liab	oility company was organized of Florida	d under the laws of:	
	ument/registration number o	f this limited liability con	npany is:
	illiams Iame of Person Resigning) bility company and affirm the	, hereby resign as a	
resignation in wr			•
V Filing Fee:	\$25.00 (Required)	Member or Manager	
Certified Copy:	\$30.00 (Optional)		