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(Requestor's Name)					
(Address)					
(Address)					
(0	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT ☐ MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
		i			

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T. CLINE

SEP 1 4 2012

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Knossos Group, LLC.	
(Name of Limited Liability	Company)
The enclosed member, managing member or manager refiling.	esignation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
Christina Germakopoulos	
(Contact Person)	
Knossos group, LLC.	
(Firm/Company)	
431 Front Street Unit # 7	
(Address)	
Key West, Florida 33040	
(City/State and Zip Code)	
For further information concerning this matter, please c	all:
William L. Embry at (32°	
(Name of Contact Person) (Area C	ode & Daytime Telephone Number
Enclosed please find a check made payable to the Florid	
	J IS55 Filing Fee & ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
	Certified Copy $\mathbb{A}^{\mathbb{A}}$
STREET/COURIER ADDRESS:	MAII INC ADDDESS.
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	·

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 ossos Group, LLC.	it appears on the records of the	e Florida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doc L11000070	_	this limited liability company	is:
_{4. I.} Carina Borders		, hereby resign as a MG	R
· —	ame of Person Resigning)		(Print Title)
resignation in wr	iting.	e limited liability company has	s been notified of my
Filing Fee:	igning Member, Managing M \$25.00 (Required) \$30.00 (Ontional)	lember or Manager	w.
	\$25.00 (Required) \$30.00 (Optional)		in the second

CR2E079 (5/06)