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COVER LETTER

TO: Registr	ation Section		
Divisio	n of Corporations		
SUBJECT: _	KNP Holdings llc		
	(Name of	Limited Liability Co	mpany)
The enclosed n	nember, resignation or dis-	sociation and fee(s) are submitted for filing.
Please return a	ll correspondence concern	ing this matter to	
Lisa Sagun			
	(Contact Person)		-
LKNP Holdings I	le		
	(Firm/Company)		_
2071 Belmont Wa	iy		
	(Address)		-
West Melbourne	FL 32904		
	(City/State and Zip Code)		_
For further info	ormation concerning this n	natter, please call:	
Lisa Sagun		515 at (229-7073
(Nan	ne of Contact Person)		& Daytime Telephone Number)
Enclosed pleas	e find a check made payat	ole to the Florida I	Department of State for:
S25 Filing F	ee	☐ S55 Filin	g Fee & Certified Copy
Mailing ,	Address:		Street Address:
Registra	ation Section		Registration Section
	n of Corporations		Division of Corporations
P.O. Bo			The Centre of Tallahassee
l allaha	ssee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company a	as it appears on the records of the F	lorida D)epartment
			npany is	s:
3. The date this me	ember/manager withdrew/re	assigned to this limited liability cor esigned or will withdraw/resign is:, hereby withdraw/resign as	10/30/202	20 20 NO
ivialiaging ivietio		nereo, william esign us		10 PM
	(Print Title) bility company and affirm titing.	the limited liability company has be	zo zó cen notif	 -
Signature of D	issociating Member or Resi	gning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			