

112000005932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

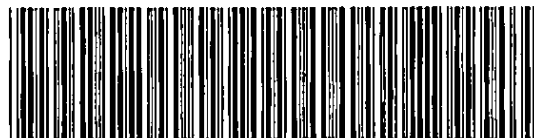
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100354795661

11/10/20--01009--028 \*\*85.00

2020 NOV 10 PM 6:24

FILED

DEC 16 2020

S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LKNP Holdings llc  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000005932

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Sagun  
Name of Person

LKNP Holdings llc  
Name of Firm/Company

2071 Belmont Way  
Address

West Melbourne, FL 32904  
City/State and Zip Code

lisa.sagun@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Sagun at ( 515 ) 229-7073  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Paul A Sutton

hereby resigns as

Name of Registered Agent

Registered Agent for LKNP Holdings llc

Name of Limited Liability Company

L12000005932

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED  
2020 NOV 10 PM 6:24  
TALLAHASSEE, FLORIDA  
CLERK OF THE CIRCUIT COURT

## **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314