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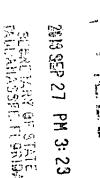
Office Use Only



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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Knocked Up Distributing, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Edward M. Livingston

(Contact Person)

The Livingston Firm

(Firm/Company)

963 Trail Terrace Drive

(Address)

Naples, FL 34103

(City/State and Zip Code)

For further information concerning this matter, please call:

Edward Livingston or Erica Loeffler

,239 🔍

262-8502

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

□ \$25 Filing Fee

■ \$55 Filing Fee & Certified Copy

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)

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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 OCKED UP DISTRIBUT | | the Florida Department |
|---|--|-------------------------------|--|
| 2. This limited liab the State of | ility company was organized Florida | under the laws of: | |
| 3. The Florida docu L130000810 | nment/registration number of | this limited liability compar | ny is: |
| _{4. I,} Paul Sullivan | | , hereby resign as a | aging Member/Secretary/Treasurer |
| (Print Name of Person Resigning) | | | (Print Title) |
| of this limited lial resignation in wr | pility company and affirm the string. | e limited liability company h | · |
| Signature of Resi Filing Fee: Certified Copy: | gning Member, Managing M \$25.00 (Required) \$30.00 (Optional) | lember or Manager | THE HELD STATE STA |