

4/16/2018

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L14000175914**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT RESIGNATION  
KNOW YOUR OPTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

APR 17 2018  
J. HARRIS  
help

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

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

NRAI SERVICES, INC.

, hereby resigns as

*Name of Registered Agent*

Registered Agent for KNOW YOUR OPTIONS, LLC

*Name of Limited Liability Company*

L14000175914

*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:

NRAI Services, Inc. - Kate Seldita

*Typed or Printed Name*

Assistant Secretary

*Capacity*

**FILED**  
**2018 APR 16 AM 8:52**  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

### 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withdrawn limited liability company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