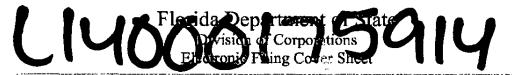
4/16/2018

Division of Corporations



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

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

.232 .

Pursuant to the provisions of section 605.0	115, Florida Statutes, the undersigned,	
NRAI SERVICES, INC.	, hereby resign	ne ac
Name of Registered A		13 113
Registered Agent for KNOW YOUR OF	PTIONS, LLC	
	i. 1	
Name of I	Imited Liability Company	······································
L14000175914		
Document Number, If known	not proper threefs.	
-	se above listed limited liability company at its scontinued on the 31st day after the date on v	
	Signature of Resigning Agent	emonard.
If signing on behalf of an entity:	A Maria	7
NRAI Services	s, Inc Kate Seldita	5 5 1
	Typed or Printed Name	80 - 17 1
Assi	stant Secretary 💎 🤒 💮	THE PROPERTY OF THE PROPERTY O
	Capacity	

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

FEES:
Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

INHS17 (2/14)