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(Re	equestor's Name)				
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(Ci	ty/State/Zip/Phone	e #)			
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KnightSbridge Steek LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Alessandia Caceros (Contact Person)
Knightsbridge steel LLC (Firm/Company)
20.000 E. COUNTY Club DI. #411
AVERTU (A FC 33180) (City/State and Zip Code)
For further information concerning this matter, please call:
Alessan dia lacevis at (786) 255-4744 (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 \$\square\$\$\$\$\$\$ \$\square\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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)

1. The name of the	limited liability company a	as it appears on t	he records of the	Florida D	epartm	ent
of State is: K	nightsbridge	STEEL	LLC			
2. The Florida docu	ment/registration number	assigned to this	limited liability c	ompany is	S:	
L-16000	134433	·				
3. The date this me	mber/manager withdrew/re	esigned or will w	rithdraw/resign is	: <u>3 - /</u>	9.20	19
4. 1. <u>A le55an</u> (Prini N	ATA LACEYES ume of Person Resigning)	hereby v	vithdraw/resign a	s a		
AVTHOR	1200 Member. (Print Title)					
of this limited liab resignation in wri	oility company and affirm ting.	the limited liabil	ity company has	been notif	ied of n	ny
	dia Camo					
Signature of Di	ssociating Member or Resi	gning Manager			21	
	\$25.00 (Required) \$30.00 (Optional)			12 X S	2019 MAR 21	
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