

46000195051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

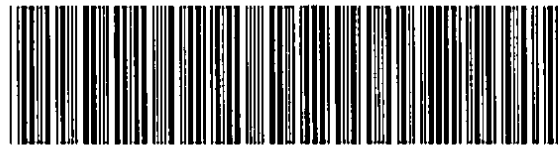
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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04/29/19--01001--013 \*\*25.00

FILED  
19 APR 29 PM 5:04  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

O SIMMONS  
MAY 08 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Knot Climbing Gym, 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:

Michael Palmer  
(Contact Person)

The Knot Climbing Gym, LLC  
(Firm/Company)

2153 SE Hawthorne road 226  
(Address)

GAINESVILLE, FL 32641  
(City State and Zip Code)

For further information concerning this matter, please call:

Michael Palmer at ( 352 ) 281-7920  
(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



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)

FILED  
19 APR 9 PM 5:04  
TALLAHASSEE  
FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: The Knot Climbing Gym, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L16000195051

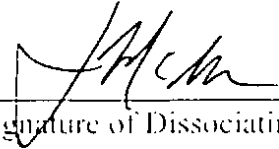
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/25/19, hereby withdraw/resign as a

4. I, Jeffrey Ward McMullen  
(Print Name of Person Resigning)

Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)