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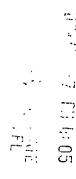
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: <u>Lnockout Enterprise</u> (Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to:
Kathy D Hank (Contact Person)	
(Firm/Company)	
199 SW Waiking Path (Address)	
Stuart FL 34997 (City/State and Zip Code)	
For further information concerning this matter, plo	ease call:
(Name of Contact Person) at (772) 486 - 7887 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$\Buxists\$ \$\times 25\$ Filing Fee \$\Buxists\$ \$\b	Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



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 as it appears on the records of the Florida Department
of State is: Knockout Enterprise LLC
2. The Florida document/registration number assigned to this limited liability company is:
L16000228061
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{7.30.202}{4}$
4. 1. Kathleen O'Hanna , hereby withdraw/resign as a (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
rtu.♥

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)