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COVER LETTER

	tration Section ion of Corporations				
SUBJECT:	Knot Forgotten Vacation Re	ntals, LLC			
THE IMPORTATION OF THE PARTY OF	(Name of Limite	(Name of Limited Liability Company)			
The enclosed	member, resignation or dissociat	ion and fects)	are submitted for filing.		
Please return	all correspondence concerning th	as matter to:			
Cynthia K	, Trubee				
	(Contact Person)	-			
Knot Forg	otten Vacation Rentals, LLC				
	(Firm Company)				
9300 Lak	eview Drive		_		
	(Address)				
Foley, AL	32456		_		
	(City/State and Zip Code)				
For further information concerning this matter, please call:					
Cynthia K	C. Trubee	678	642-3805		
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed plo	case find a check made payable to g Fee	the Florida I \$55 Filing	Department of State for: 3 Fee & Certified Copy		
Registration Division of Clifton Buil 2661 Execu	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

CR2E079 (21(4))



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605,0216, Florida Statutes)

	limited liability company as it a not Forgotten Vacation Rental		lorida Department
2. The Florida docu L170001004	ument/registration number assign	ned to this limited liability co	mpany is:
3. The date this me	mber/manager withdrew/resigne	ed or will withdraw/resign is:	11/01/2018
Many Hobay	n		
(Print N Member	Same of Person Resigning)	<u>.</u>	
	(Print Tale)		
of this limited lia resignation in wr	bility company and affirm the lir	mited liability company has b	een notified of my
Macy	P. Hoban		
Signature of thi	issociating Member or Resigning	g Manager	
Filing Fee: Centified Copy	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (2-14)

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