## 1190000 11436

|                     | (Requestor's Name)       |  |  |  |
|---------------------|--------------------------|--|--|--|
|                     | (Address)                |  |  |  |
|                     | (Address)                |  |  |  |
|                     | (City/State/Zip/Phone #) |  |  |  |
| PICK-U              | P WAIT MAIL              |  |  |  |
|                     | (Business Entity Name)   |  |  |  |
| (Document Number)   |                          |  |  |  |
| Certified Copies    | Certificates of Status   |  |  |  |
| Special Instruction | s to Filing Officer:     |  |  |  |
|                     |                          |  |  |  |
|                     |                          |  |  |  |
|                     |                          |  |  |  |
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Office Use Only



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SEGREDARY OF STATU

JQ 10/01/20

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |
|--|--|
| SUBJECT: KN/   | Hame of Limited Liability Company)   |
| The enclosed member, resignation   | or dissociation and fee(s) are submitted for filing.   |
| Please return all correspondence of  | oncerning this matter to:  |
| Kris Nelson  |  |
| (Contact Perso   | <del>a)</del>  |
| KNN Holding LLC  |  |
| (Firm/Compan   | <del>y)</del>  |
| 6301 46th St N   |  |
| (Address)  |  |
| Pinellas Park, FL 33781  |  |
| (City/State and Zip  | Code)  |
| For further information concerning   | g this matter, please call:  |
| Kris Nelson  | at (727) 235-3194  |
| (Name of Contact Person  |  |
|  | e payable to the Florida Department of State for:  |
| \$25 Filing Fee  | ☐ \$55 Filing Fee & Certified Copy   |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

CR2E079 (2/14)



## 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)

|                     | <b>!</b>                 |                                |                                     |               |
|---------------------|--------------------------|--------------------------------|-------------------------------------|---------------|
| 1. The name of th   | e limited liability com  | pany as it appears on the re-  | cords of the Florida Depar          | rtment        |
|                     |                          |                                | •                                   |               |
| of State is:        | Holding LLC              |                                |                                     | <del></del> · |
| 2. The Florida do   | cument/registration nu   | mber assigned to this limite   | ed liability company is:            |               |
| L19000011436        |                          |                                |                                     |               |
| 7 The data this     | -1-/                     |                                | 9/1/20                              | ¥7.⁄          |
| o. The date this in | ember/manager withou     | rew/resigned or will withdra   | aw/resign is: $\frac{0}{1/20}$      | <u> 20</u>    |
| Tiffany N Nels      | on                       | hereby withdi                  | / /                                 |               |
| (Print              | Name of Person Resigning | , hereby withdr                | awitosigh as a                      |               |
| Manager             |                          |                                |                                     |               |
|                     | (Print Title)            | <del></del> -                  |                                     |               |
| of this limited li  | ability company and a    | ffirm the limited liability co | mpany has been notified             | of my         |
| resignation in w    | riting.                  |                                |                                     |               |
| /i. A               |                          |                                | 20 / Name                           |               |
| J. High             | shels                    |                                | 2020 AUG 10<br>SEGRETARY<br>TALLAHA |               |
| Signature of I      | issociating Member o     | r Resigning Manager            | Ž <sup>R</sup> Y o                  | ĵ -           |
|                     |                          | · • •                          | PH<br>OF<br>SSE                     |               |
|                     |                          |                                | may w                               |               |
| Filing Fee:         | \$25.00 (Required)       | )                              | 3: 33<br>STATE<br>E. FL             |               |
| Certified Conv      | \$30.00 (Ontional)       | 1                              | rn w                                |               |