120000 169216

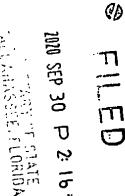
(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)	<u> </u>		
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



100352879101

08/30/20--01009--003 **25.00



15/6/20

COVER LETTER

Registration Section

Division of Corporations

TO:

KNOT TWINS LLC SUBJECT: (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: JEFFREY KOHL (Contact Person) KNOT TWINS LLC (Firm/Company) 352 RANCHWOOD DRIVE (Address) 352 RANCHWOOD DRIVE (City/State and Zip Code) For further information concerning this matter, please call: at (<u>262</u>) <u>389-</u>0512 JEFFREY KOHL (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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)

	1. The name of	the limited liability company as it appear	ars on the records of the Florida Department
	of State is: _	KNOT TWINS LLC	
	2. The Florida	document/registration number assigned t	o this limited liability company is:
	<u> </u>	L20000169216	
	3. The date this	s member/manager withdrew/resigned or	will withdraw/resign is: 9/25/2020.
	4. I,	MICHAEL LUKASIK , he int Name of Person Resigning)	ereby withdraw/resign as a
	<u> </u>	MANAGER . (Print Title)	
1	of this limited resignation is	- · · · · · · · · · · · · · · · · · · ·	d liability company has been notified of my
+	Michael Signature o	of Dissociating Member or Resigning Ma	_
	Filing Fee: Centified Copy	\$25.00 (Required) : \$30.00 (Optional)	FILED 2010 SEP 30 P 2: PACLAHASSEL FLORE