L22000 201552

(Requestor's Name)			
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(City/	/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL	
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(Busi	ness Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
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Special Instructions to Fi	ling Officer:		
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J. HUNITE			
J. HORNE JUL 15 2024			
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Knotty Pine Productions L	LC
Name of Limited Liability	y Company
DOCUMENT NUMBER: L22000201552	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
United States Corporation Agents, Inc.	
Name of Person	_
Legalzoom.com, Inc.	
Name of Firm/Company	-
9900 Spectrum Dr.	
Address	-
Austin, TX 78717	
City/State and Zip Code	-
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
800 at (773-0888
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the under	signed,	
United States Cor	poration Agents, Inc.	hereby resigns as	707
	Name of Registered Agent	neredy resigns as	<u> </u>
Registered Agent for _	Knotty Pine Productions LLC		2021 JU 21
	Name of Limited Liability Company		چ چ
L22000201552			رب ف
Document N	lumber, if known		
	ion was mailed to the above listed limited liability of ed and the office discontinued on the 31st day after Truttlein		
	Signature of Resigning Agent		
If signing on behalf of	an entity:		
	Erik Treutlein		
	Typed or Printed Name		
	Vice President for United States Corporation Age	nts, Inc.	
	Capacity		

St.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314