422000219426

(Re	questor's Name)	
(Add	dress)	<u></u>
(Add	dress)	
(City	y/State/Zip/Phone #	(f)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do:	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to I	Filing Officer:	
. <u></u> .		

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
PARAMOUNT MANAGEMENT GROUP	PMG LLC
(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:
(Contact Person)	
Knox Holdings 777 LLC	
(Firm/Company)	
12973 SW 112th St #379	
(Address)	
Miami, FL 33186	
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
Pamela Garcia	786 747-8337
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ■ \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations 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)

L22000219426	ument/registration number a	ssigned to this limited liability company is:	
. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is: 6/22/22	_
. I,	LLC	, hereby withdraw/resign as a	
Manager (MGR)	ame of t erson resigning		
	(Print Title)		
of this limited lia resignation in wr		ne limited liability company has been notified of	my
Signature of Di	ssociating Member or Resig		۸.
	\$25.00 (Required) \$30.00 (Optional)	MUAHASSI A	2022 JUII