# L23000113653

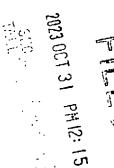
(Red	questor's Name)	
(A.J.	×	
(Add	dress)	
(Add	dress)	<del></del>
(City	//State/Zip/Phone #	<del>(</del> *)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Name	e)
(Doc	cument Number)	··
Certified Copies	Certificates of	of Status
Special Instructions to F	Filing Officer:	
		Ì
Limils		
<del></del>		

Office Use Only



600417784936

10/31/23--61026--617 \*\*35.00



#### **COVER LETTER**

10.	Division of Corporations	
SUBJ	ECT: KNUCKLE MAG LLC	
	Name of Limited Liability Company	_

DOCUMENT NUMBER: L23000113653

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the 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 re	port notification)	-
For further information concerning this matt	er, 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

#### MAILING ADDRESS:

TO: Registration Section

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 provision	ns of section 605.0115, Florida Statutes, the unde	ersigned,	
United States Corp	oration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent	. Thereby resigns as	
Registered Agent for _	NUCKLE MAG LLC		
	Name of Limited Liability Company	<del></del> .	
L23000113653			
Document N	amber, if known		
A copy of this resignati	on was mailed to the above listed limited liability	company at its last known address.	
The agency is terminate	d and the office discontinued on the 31st day after	er the date on which this statement is filed.	
	Cul		
	Signature of Resigning Agent	2023 OCT 31	_
If signing on behalf of a	n entity:	0.5	
	Cheyenne Moseley	· · · · · · · · · · · · · · · · · · ·	===
	Typed or Printed Name	U. ·	īÌ
	Asst. Secretary for United States Corporation Ag	gents, Inc.	1
	Capacity	gents, Inc. P. 15	

FILING FEES:
\$ 85.00 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