

L23000357451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

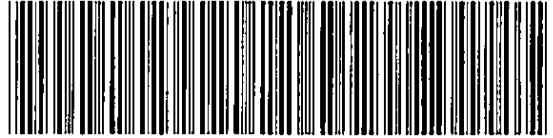
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DIVISION OF CORPORATE AFFAIRS
2023 AUG 25 PM 12:40

RECEIVED
R. HUNT
08/25/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Knee Deep Multiple Services, LLC
(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:

James P. McCune, Esq.
(Contact Person)

McCune / Attant
(Firm/Company)

38 Grant Street
(Address)

St. Augustine, FL 32084
(City/State and Zip Code)

For further information concerning this matter, please call:

James P. McCune at (904) 808-0426
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made 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

2023 AUG 25 PM 12:40
JUL 12
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE



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)

2023 AUG 25 4:12 PM

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Knee Deep Multiple Services, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L23000357451

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/14/23

4. I, John C. Batchelor, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)