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## **COVER LETTER**

Division of Corporations	
SUBJECT: Knight Enterprises SE, L	<del></del>
(Name of Limited Liability Con	mpany)
The enclosed member, managing member or manager resig filing.	mation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Ricardo A. Roig, Esq.	_
(Contact Person)	
Ricardo A. Roig, P.L.	_
(Firm/Company)	
2803 Safe Harbor Drive	_ 22 _ 25 CB
(Address)	
Tampa, Florida 33618	MOV 12
(City/State and Zip Code)	- (**,***
For further information concerning this matter, please call:	PH 4: 27 CETS DATE SELORID
Cindy Moline at (813	784-7233
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D	Department of State for:
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	Certified Copy
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Clifton Building	P.O. Box 6327
	Tallahassee, Florida 32314
Cindy Moline  (Name of Contact Person)  (Area Code  Enclosed please find a check made payable to the Florida D  \$25 Filing Fee  STREET/COURIER ADDRESS: Registration Section Division of Corporations	784-7233  & Daytime Telephone Number)  Department of State for:  555 Filing Fee & Certified Copy  MAILING ADDRESS: Registration Section Division of Corporations

CR2E079 (5/06)

TO: Registration Section



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited of State is: Knight Er		appears on the records	of the Florid	la Depa	artme	nt -
2. This limited liability con South Carolina	mpany was organized ur	nder the laws of: 		ALL A	2113 NOV 12	ÇEX
3. The Florida document/re M0900000418		_·	. •	HASSEEFE S ALLES	)V 12 PH 4: 27	
4. I, Maribel Grajales		, hereby resign as a	Treasurer		÷: 27	Ę.
(Print Name of P	erson Resigning)		(Print	Title)	_	
of this limited liability corresignation in writing.	ompany and affirm the li	mited liability compar	ny has been n	otified	of m	y
M						
Signature of Resigning N	Member, Managing Men	nber or Manager				
<del>-</del>	.00 (Required) .00 (Optional)					