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	Registration Section		
Ī	Division of Corporations		
SUBJE	NEAL H. KNAPP LLC		
i) CIMIT.		Limited Liability Co	ompany)
The enc	losed member, resignation or disse	ociation and feet	(s) are submitted for filing.
Please re	eturn all correspondence concerni	ng this matter to	:
MICHEL	LE M. HOOVER		
	(Contact Person)		_
SOLOMO	ON & HOOVER CPAS PLLC		
	(Firm/Company)		_
1342 CO	LONIAL BLVD STE B11		
	(Address)		
FORT M	YERS, FL 33907		
	(City/State and Zip Code)		_
For furth	her information concerning this m	atter, please call	:
MICHEL	E M. HOOVER	239 at (481-4114
	(Name of Contact Person)		le & Daytime Telephone Number)
Enclosed	d please find a check made payabl	le to the Florida	Department of State for:
■ \$25 I	Filing Fee	□ \$55 Filin	ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section Division of Corporations		Registration Section Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
γ	Fallahassee, 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)

1. The name of the of State is:	, , ,	s it appears on the records of the F	lorida De	epartnı	ent
		essigned to this limited liability cor			
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:, hereby withdraw/resign as	11/01/2020 a	2020 NO	
MANAGING ME	MBER	, hereby withdraw/resign as		V 12 A	
		he limited liability company has be	en notifi	7: <u>6</u> 1	ny
Mes	la kning	P ///3/2020)		
Filing Fee: Certified Copy:	ssociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	gning ivianager / /			