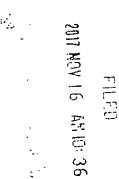
90000046680

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	



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11/16/17--01008--002 **35.00



C. GOLDEN NOV 1 7 2017

TRANSMITTAL LETTER

SUBJECT: KNC Enterprise Tro
DOCUMENT NUMBER: PO60004660
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
3433 F Gulf to lake Huy
(City/State anti Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (350) 564-0319 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Catherine Webs, hereby resign as Treasurer Director
of LWC File Mises Inc. (Name of Corporation)
Document Number, if known). a corporation organized under the laws of the State of
Flor:da.
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

17 NOV 16 AH ID: 36