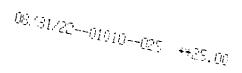
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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		-

Office Use Only



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2022 AUG 31 PH 3: 58

7. PHANTHL. 6

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Helkat 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:
Merri K Tully (Contact Person)
// (Firm/Company)
909 Circle Drive.
12/12/25SCC FL 32(3)/ (City/State and Zip Code)
For further information concerning this matter, please call:
Merri K Tull at (727) 729-1798 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee
Mailing Address: Street Address:

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

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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)

	limited liability company as it appears on the records of t	he Florida Depart	iment
2. The Florida docu	ment/registration number assigned to this limited liability	y company is:	
L170	2016/820		
	mber/manager withdrew/resigned or will withdraw/resign		136
4. 1, / T E / M (Print No.	hereby withdraw/resig	n as a	
Man	Print Title)		
of this limited liab resignation in writ	oility company and affirm the limited liability company h ting.	as been notified o	f my
OD_2			
Signature of Dis	ssociating Member or Resigning Manager	<u> </u>	2022
		1 3 ·	2022 AUG
Filing Fee:	\$25.00 (Required)	(<u>ယ</u>
Certified Copy:	\$30.00 (Optional)	4 1 1 4 1 4 1 4 1 4 1 4 1	70
		.C.:	ယ္