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(Reques	stor's Name)		
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PICK-UP	_ WAIT	MAIL	
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Certified Copies	Certificates	of Status	
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Special Instructions to Filing Officer:			
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COVER LETTER

TO: Registration Section Division of Corporations

SAK CAPITAL HOLDINGS LLC	
SUBJECT:	
(Name of Limited Liab	ility Company)
The enclosed member, resignation or dissociation an	d fee(s) are submitted for filing.
Please return all correspondence concerning this mat	iter to:
SYDNEY KELLER	
(Contact Person)	
SAK CAPITAL HOLDINGS LLC	
(Firm/Company)	
1000 BRICKELL PLAZA PH5406	
(Address)	
MIAMI, FLORIDA 33131	
(City/State and Zip Code)	
For further information concerning this matter, pleas	ee call:
SYDNEY KELLER 305	8074861
(Name of Contact Person) at (a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the FI \$\Begin{align*} \text{\$\text{\$\text{\$25}\$ Filing Fee}} \end{align*} \text{\$\text{\$\text{\$55}\$}} \text{\$\text{\$\$}\$}	orida Department of State for: 5 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



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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	limited liability company as i	it appears on the records of the Florida Departmen
2. The Florida docu E.21000020604	iment/registration number ass	signed to this limited liability company is:
		11/01/2021
	mber/manager withdrew/resi	gned or will withdraw/resign is:
	SUL NOU KINET ame of Person Resigning)	, hereby withdraw/resign as a
MGR	(Print Title)	
of this limited lial resignation in wr		e limited liability company has been notified of my
AA	Muy Ki	
Signature of Di	ssociating Member or Resign	ning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	