

L23 000188339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

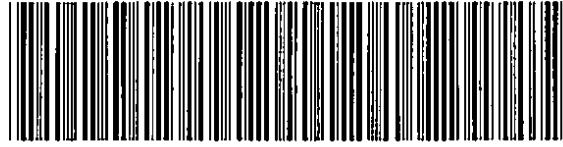
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600419435436

11/28/23--01004--003 **25.00

FILED
2023 NOV 28 PM 12:29
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

IKNOWT LLC/QAWORX LLC

SUBJECT: _____
(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:

Mark Lucas

(Contact Person)

QAWORX LLC

(Firm/Company)

11603 Tangle Stone Dr

(Address)

Gibsonston, FL 33534

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Lucas 813 648-6570

(Name of Contact Person) at (_____) _____
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee ☐ \$55 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



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 it appears on the records of the Florida Department
of State is: IKNOWT LLC

2. The Florida document/registration number assigned to this limited liability company is:

L23000188339

11/16/2023

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/16/2023
ILONA PROKOPCHUK

4. I, _____, hereby withdraw/resign as a

(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

DocuSigned by:

CS00664E3266A446

Signature of Dissociating Member or Resigning Manager

FILED
2023 NOV 28 PM 12:29
TALLAHASSEE, FL

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)