

012300000 3874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

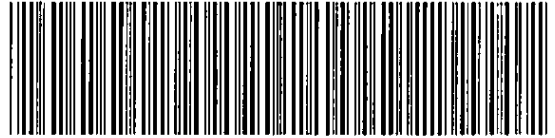
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

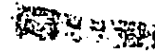
Office Use Only



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07/17/23--01022--020 \*25.00

2023 JUL 17 PM 9:44  
CLERK OF STATE  
TALLAHASSEE, FL  
ED



R. HUNT

07/17/23



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)

2023 JUN 17 PM 5:44  
DIVISION OF STATE  
CORPORATIONS, FL

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: Holy KNIGHT LLC

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

M23000005874

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07-15-2023

4. I, ROBERTO GONZALEZ, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGER - MBR  
*(Print Title)*

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

Roberto Gonzalez  
Signature of Dissociating Member or Resigning Manager

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

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Holy Knight 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:

Anthony Solano  
(Contact Person)

Holy Knight LLC  
(Firm/Company)

2314 NW 27TH AVE  
(Address)

Cape Coral, Florida 33993  
(City/State and Zip Code)

2023 JUN 17 PM 9:44  
DEPT OF STATE  
TALLAHASSEE, FL  
ED

For further information concerning this matter, please call:

Anthony Solano at 239, 823-4771  
(Name of Contact Person) (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