

LO300000/0488

(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



300103406743

05/30/07--01005--017 **55.00

FILED
2007 MAY 30 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO3-10488
QR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SK Impex, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

KIRIL P. KARADATCHEV
(Contact Person)

(Firm/Company)

P.O. Box 4831

(Address)

CLEARWATER, FL 33758

(City/State and Zip Code)

For further information concerning this matter, please call:

KIRIL P. KARADATCHEV at (941) 416-2644
(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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 MAY 30 AM 11:37

FILED



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SK INDEX, LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L 030000010488

4. I, KIRIL D. KARADATCHEV, hereby resign as a MGRM
(Print Name of Person Resigning) (Print Title)

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

[Signature]
Signature of Resigning Member, Managing Member or Manager

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

2017 MAY 30 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED