L03000052303

(Requestor's Name)		
(Address)		
(Address)		
`	,	
<u>(Ca</u>	ty/State/Zip/Phone	
(Cit	ty/State/Zip/inflorid	,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Conies	Certificates of Status	
Certified copies Certificates of Status		
 -		
Special Instructions to Filing Officer:		
•	_	

Office Use Only



800331079808

Carryland, James Company

19 Jul -2 #1 7:13

JUL 1 5 2019 S. YOUNG

COVER LETTER

CR2E079 (2/14)

TO: Registration Sect	ion		
Division of Corp	orations		
SUBJECT: SFR Serv	ices L.L.C.		
Sobsect.	(Name of Limi	ted Liability Cor	npany)
The enclosed member, re	esignation or dissocia	ntion and fee(s	s) are submitted for filing.
Please return all correspo	ondence concerning t	his matter to:	
Koh Knox			
(C	ontact Person)		_
Hoh S. Knox, L	_L_C rm/Company)		-
10600 Chevrolet Way	Juite #102		_
'	Address)		
Estero, FL 33928			
(City/S	tate and Zip Code)		_
For further information of	oncerning this matte	r, please call:	
Koh Knox		765	250-0673
(Name of Conta	ct Person)	· ·	& Daytime Telephone Number)
Enclosed please find a ch ☐ \$25 Filing Fee	neck made payable to		Department of State for: Fee & Certified Copy
STREET/COURIER A	DDRESS:		MAILING ADDRESS:
Registration Section			Registration Section
Division of Corporations			Division of Corporations
Clifton Building 2661 Executive Center C	imala		P.O. Box 6327
Tallahassee, Florida 3230			Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROMFLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

The name of the limited liability company as it appears on the records of the Florida Department of State is: SFR Services L.L.C.
2. The Florida document/registration number assigned to this limited liability company is:
L03000052303
3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 25, 2019
4. I. Koh Knox and Koh S. Knox LLC hereby withdraw/resign as a (Print Name of Person Resigning)
Member/Manager. (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Alle
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)