L12 000140147

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	





900368355529

06/18/21--01013--022 **25.00



O SIMMONS
JUL 1 6 2021

COVER LETTER

Division of Corporations	•
Six Hands LLC SUBJECT:	
(Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to:
Nicholas Kravljanac	
(Contact Person)	
Six Hands LLC	
(Firm/Company)	
14402 SW State Road 45	
(Address)	
Archer/32618	
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
	352 2153002
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

CR2E079 (2/14)



2121 JUN 18 PH 4: 18

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)

	the limited liability company as it appears on the records of the Florida Department Hands LLC
2. The Florida d	ocument/registration number assigned to this limited liability company is:
3. The date this	member/manager withdrew/resigned or will withdraw/resign is:
4. I, Kevin Kravlja	hanac, hereby withdraw/resign as a, hereby withdraw/resign as a,
MGR	
 .	(Print Title)
of this limited resignation in	liability company and affirm the limited liability company has been notified of my writing.
Signature of	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)