

L12000140147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

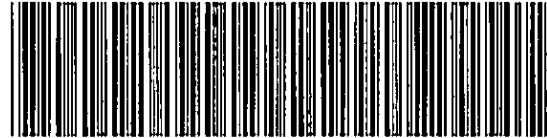
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE

2022 OCT -6 PM 12:04

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Six Hands 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:

Nicholas Kravljaniac  
(Contact Person)

Six Hands LLC  
(Firm/Company)

14402 SW State Road 45  
(Address)

Archer / FL / 32618  
(City/State and Zip Code)

For further information concerning this matter, please call:

Silvia Novelli at (352) 215 3002  
(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

CR2E079 (2/14)

Please mail the certified copy to:  
Silvia Novelli  
1319 NW 101st Dr.  
Gainesville FL



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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: Six Hands LLC

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

L 12000140147

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Oct 31/2022

4. I, Silvia Norelli, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MNG / MGR  
(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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