## 16000139870

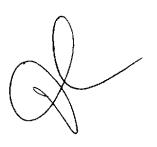
(Requestor's Name)
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7022 SEP -6 MI 8:



## **COVER LETTER**

TO: Registration Section Division of Corporations	
Gnosis, LLC SUBJECT:	
(Name of Limited Lia	ability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to:
Nathaniel Emmert	
(Contact Person)	<del></del>
Gnosis LLC DBA Revision Lifecoaching	2022
(Firm/Company)	
900 Riggins Road, Apt 837	2022 SEP -6
(Address)	
Tallahassee, FL 32308-2222	e. 3 <u>.</u>
(City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
Kymberly Dawn Keaton 8 at (	50 544-6801
	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the    ■ \$25 Filing Fee   □ \$	Florida Department of State for: 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



## 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)

of State is: GNO	SIS, LLC 				·
2. The Florida doc L16000139870	ument/registration number a	assigned to this limited liabili	ty company	is:	
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resig	May 28.	. 2022	
4. I, Kymberly D. Ko	raton-Emmert	, hereby withdraw/resig	gn as a		
(Print N	lame of Person Resigning)				
Authorized Mem	ber (AMBR)				
	(Print Title)				
resignation in wr		he limited liability company l gning Manager	has been not		`my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		- - - -	2022 SEP -6 At	الا منا منا منا منا منا منا منا منا منا من