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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(5.5)
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COVER LETTER

	gistration Section vision of Corporations				
Div	vision of Corporations				
SUBJECT	Sky263 LLC r:				
	(Name of L	(Name of Limited Liability Company)			
The enclos	sed member, resignation or disso	ociation and fee(s) are submitted for filing.		
Please retu	urn all correspondence concernir	ng this matter to:			
Kai Stadler					
	(Contact Person)		-		
Sky263 LLC	0				
	(Firm/Company)		_		
218 Comme	ercial Blvd, Ste 106				
	(Address)		_		
Lauderdale	by the Sea, FL 33308				
·—·	(City/State and Zip Code)		_		
For furthe	r information concerning this m	atter, please call:	:		
Kai Stadler		954 at (696-3304		
	(Name of Contact Person)		e & Daytime Telephone Number)		
Enclosed	please find a check made payabl	le to the Florida l	Department of State for:		
■ \$25 Fil	ling Fee	🗆 \$55 Filin	g Fee & Certified Copy		
	ailing Address:		Street Address: Registration Section		
Registration Section Division of Corporations			Division of Corporations		
	O. Box 6327		The Centre of Tallahassee		
	illahassee, FL 32314		2415 N. Monroe Street, Suite 810		
10	reconstructed to the second of		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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: Sky26	3 LLC
2. The Florida docu L20000215302	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 10/22/2020
Harmann Kracela	
AMBR	
	(Print Title)
of this limited lia resignation in wr	polity company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)
Common Copy.	ψυσιου (Ορτισμαί)