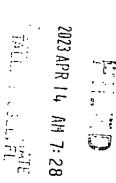
## L2100009432

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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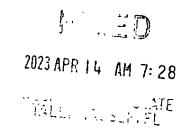
## **COVER LETTER**

Division of Corporations S&K ENTERPRISES LLC SUBJECT: (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: Angela Kratz (Contact Person) S& K Enterprises LLC (Firm/Company) 3090 Dixie Hwy NE (Address) Palm Bay, FL 32905 (City/State and Zip Code) For further information concerning this matter, please call: Angela Kratz (Name of Contact Person) (Area Code & Davtime 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: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

TO:

Registration Section





## 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	imited liability company as it appears on the records of the Florida Department
of State is:	ENTERPRISES LLC
2. The Florida docu L21000009432	nent/registration number assigned to this limited liability company is:
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is: Marth 17, 2023
4. I,	, hereby withdraw/resign as a me of Person Resigning)
(Print Na	ne of Person Resigning)
AMBR	
	rint Title)
of this limited liab resignation in writ	lity company and affirm the limited liability company has been notified of mying.
Christ	M. Slate
Signature of Dis	ociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)