

L21000016065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

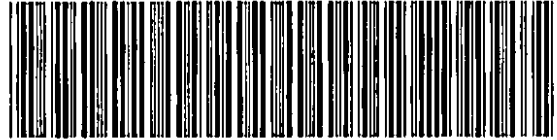
(Business Entity Name)

(Document Number)

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D. BRUCE  
MAY 19 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kawmak Enterprises, 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:

Khalid Kawmak

\_\_\_\_\_  
(Contact Person)

Kawmak Enterprises, LLC

\_\_\_\_\_  
(Firm/Company)

2009 Delaroche Drive West

\_\_\_\_\_  
(Address)

Jacksonville, Florida 32210

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Khalid Kawmak

\_\_\_\_\_  
(Name of Contact Person)

904

6621356

at (\_\_\_\_\_) \_\_\_\_\_

(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



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: Kawmak Enterprises, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
1.21000016065
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/10/2021
4. I, Marwan K Kawmak, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGR  
*(Print Title)*

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

FILED  
2021 APR 15 AM 7:22  
TALLAHASSEE, FL  
SECRETARY OF STATE

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