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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| rision of Corporations | | | | |
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| KROK, LLC | | | | |
| | Name of Limited I | .iability Compa | пу) | |
| ed member, resignation | n or dissociatio | n and fec(s) a | re submitted for fil | ing. |
| m all correspondence | concerning this | matter to: | | |
| voshyya | | | | |
| (Contact Pers | on) | | | |
| , | | | | |
| (Firm/Compa | ıy) | | | |
| ст | • | | | |
| (Address) | | | | |
| leach 33009, Florida | | | | |
| (City/State and Zi | p Code) | | | ∾ |
| information concerni | ng this matter, p | lease call: | | 22 0CT 12 AM 5 |
| | | | 9935152 | 12 |
| Name of Contact Persor | 1) (| Area Code & | Daytime Telephone | Number) |
| lease find a check mading Fee | • • | • | | r: 51 |
| ling Address: distration Section ision of Corporations Box 6327 | | Re Di | gistration Section | |
| | (Contact Personal (Address) each 33009, Florida (City/State and Zinformation concerning) Name of Contact Personal Contact Per | (Name of Limited Interest and Contact Person) (Firm/Company) (Contact Person) (Firm/Company) (City/State and Zip Code) information concerning this matter, p at (Name of Contact Person) (lease find a check made payable to the ling Fee ling Address: iistration Section ision of Corporations | (Name of Limited Liability Compared member, resignation or dissociation and fee(s) at mall correspondence concerning this matter to: //oshyya (Contact Person) (Firm/Company) CT (Address) each 33009, Florida (City/State and Zip Code) information concerning this matter, please call: Name of Contact Person) | (Name of Limited Liability Company) ed member, resignation or dissociation and fec(s) are submitted for file of all correspondence concerning this matter to: //oshyya (Contact Person) (Firm/Company) CT (Address) each 33009, Florida (City/State and Zip Code) information concerning this matter, please call: 1954 |

CR2E079 (2/14)



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 limite of State is: | d liability company as it appears on the records of the Florida | Depa | rtment |
|--|---|---------------|-----------------------------|
| 2. The Florida document/ L22000244929 | registration number assigned to this limited liability company | is: | |
| 4. I, Olesia Sokol (Print Name of MGR (Print T | nanager withdrew/resigned or will withdraw/resign is: 05/30 | T 12 AH 5: 51 | JANUARY OF CORRECTION OF MY |
| Signature of Dissocia | ing Member or Resigning Manager | | |
| ~ | 5.00 (Required) 0.00 (Optional) | | |