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(Requestor's Name) (Address)	
(Address)	900412
(City/State/Zip/Phone #)	07/27/2301
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(Business Entity Name)	AUG 23 Zon
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COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	Sachal Manufacturing LLC			
(Name of Limited Liability Company)				
The enclosed	l member, resignation or diss	sociation and fee(s	s) are submitted for filing.	
Please return	all correspondence concern	ing this matter to:		
Alen Sahanian				
	(Contact Person)		_	
Sachal Mfg. LI	LC			
	(Firm/Company)		-	
4618 N. Federa	al Hwy			
	(Address)		_	
Lighthouse Poi	int, FL 33064			
	(City/State and Zip Code)		_	
For further in	nformation concerning this n	natter, please call:		
Alen Sahanian		754	736-8000	
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed ple	ase find a check made payah	ole to the Florida I	Department of State for:	
■ \$25 Filing			g Fee & Certified Copy	
	ng Address:		Street Address:	
	stration Section		Registration Section	
	sion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee	
	hassee, FL 32314		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 a	s it appears on the records of the Florid	la Department
of State is: Sacha	al Manufacturing LLC	<u>-</u>	·
2. The Florida doc L22000312936	ument/registration number a	nssigned to this limited liability compar	ıy is:
Samuel Glattstei 4. I.	n	signed or will withdraw/resign is: 7	0/2023
(Print N	'ame of Person Resigning)		
AMBR			P)
<u>.</u>	(Print Title)		· 12
of this limited lia resignation in wi		he limited liability company has been n	iotified of my
Signature of D	issociating Member or Resi	gning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		