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2022 OCT 28 PH 2: 44 SECRETARY OF STATE

COVER LETTER

TO:	~	stration Section		
	Divis	sion of Corporations		
SUBJ	IECT:	SAKR-KNOWS LLC		
		(Name of Li	imited Liability Co	ompany)
The e	nclosec	I member, resignation or disso	ciation and fee((s) are submitted for filing.
Please	e return	all correspondence concernin	g this matter to	:
SHAR	I KANI	DEL.		
	·····	(Connet Person)	110	
		(Firm/Company)		_
3233 1	NE 34TE	ESTREET, APARTMENT 412A		
		(Address)		_ :
FT.L.	AUDER	DALE, FLORIDA 33308		
		(City/State and Zip Code)		
For fi	irther ii	nformation concerning this ma	tter, please call	:
SHAR	LKANI	DEL.	954 at (614-1606
	(N	ame of Contact Person)	(Area Cod	e & Daytime Telephone Number)
		ase find a check made payable		•
■ \$2	5 Filing	g Fee	□ \$55 Filin	ng Fee & Certified Copy
		ng Address;		Street Address:
		stration Section sion of Corporations		Registration Section
		Box 6327		Division of Corporations The Centre of Tallahassee
		hassee, FL 32314		2415 N. Monroe Street, Suite 810
	-			Tallahassee, FL 32303



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SECRETARY OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department R-KNOWS LLC
	ument/registration number assigned to this limited liability company is:
CHADLE ANDL	ember/manager withdrew/resigned or will withdraw/resign is: [1
MEMBER	
of this limited lia resignation in wr	(Print Title) bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)