

122000385493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

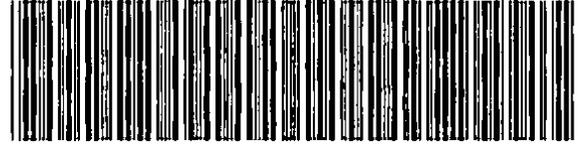
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200396634202

FILED

FILED

2022 OCT 28 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FL

RA Resignation

JAN 31 2023

D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAKR-KNOWS LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** 1.22000385493

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMANDA DECKER, ESQ.  
Name of Person

FLORIDA ENTREPRENEUR LAW, P.A.  
Name of Firm/Company

101 NE 3rd Ave #1500  
Address

FT. LAUDERDALE, FL 33301  
City/State and Zip Code

ADECKER@FLORIDAENTREPRENEURLAW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARI KANDEL at ( 954 ) 614-1606  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**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

FILED  
2022 OCT 28 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

FLORIDA ENTREPRENEUR LAW, P.A.

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for SAKR-KNOWS LLC

\_\_\_\_\_  
Name of Limited Liability Company

1.22000385493

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Amanda Decker, Esq.  
Signature of Resigning Agent

If signing on behalf of an entity:

AMANDA DECKER, ESQ.

Typed or Printed Name

Director/Shareholder

Capacity

**FILED**  
2022 OCT 28 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**