

122000385493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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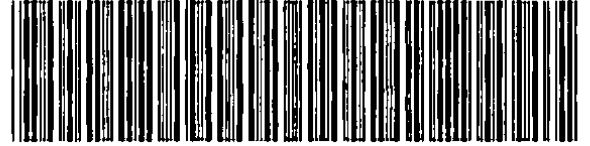
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

RA Resignation

JAN 31 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SAGR-KNOWS LLC
SUBJECT:

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

Name of Person

at (954)

Area Code

614-1606

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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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

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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