

L23000159226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

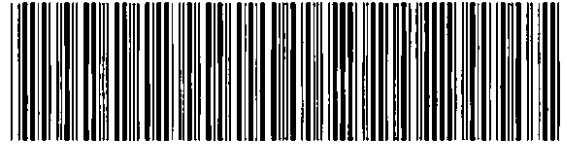
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Uknow! Investments LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Elkia Smith- Parmer

(Contact Person)

Uknow! Investments LLC

(Fuzzy Company)

500 S. Federal Hwy. #4554

(Address)

Hallandale Beach FL, 33009

(Cover State and Zip Code)

For further information concerning this matter, please call:

Eliza Smith-Penzance

301

660-0600

at (_____)

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☞ \$25 Filing Fee☐ \$55 Filing Fee & Certified Copy**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**



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 as it appears on the records of the Florida Department of State is: Uknow! Investments LLC

2. The Florida document/registration number assigned to this limited liability company is:
L23000159226

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/16/2023

4. I Courtney Robinson, hereby withdraw/resign as a
(Print Name of Person Resigning)
Partner/Member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

DocuSigned by:

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA