L08000091493

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SECRELARY OF STATE
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AND AN ANSWER PLORIDS

D. SCOTT **OCT** 0 5 2016

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kirschbaum, Birnbaum, Lippman & Gregorian (Name of Limited Liability Com	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Katherine O. Birnbaum	
(Contact Person)	_
KBLG, PLLC	
(Firm/Company)	
1301 E. Broward Blvd., Suite 230	_
(Address)	
Fort Lauderdale, FL 33301	SE SE
(City/State and Zip Code)	
For further information concerning this matter, please call:	617-2303
Katherine Birnbaum 954	
(Name of Contact Person) (Area Code	& Daytime Telephone Number
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassaa Florida 32314

Tallahassee, Florida 32301

CR2E079 (2/14)



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 Florida Department
	rschbaum, Birnbaum, Li		*
2. The Florida doc 1.08000091493	ument/registration number a	assigned to this limited liabili	ty company is:
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resig	gn is: Signed 9/29/16 Effective 8/31/16
	rschbaum, P.A. Name of Person Resigning)	, hereby withdraw/resig	
	ger/President (Print Title)		
resignation in wr	fiting.	he limited liability company	has been notified of my
Symature of Di	issociating Member or Resig	gning ivianager	TAL SE
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PILED OCT -3 PM I CRETARY OF ST. LAHASSEE, FLO