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2020 JUL -6 AM 7: 05 SECRETARY OF STATE

D. BRUCE AUG 19 2020

COVER LETTER

SUBJECT: First Neighborhood Law Firm, PL (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: Christopher Clark (Contact Person) First Neighborhood Law Firm, PL (Firm/Company) 1 East Broward Boulevard. 7th Floor (Address) Fort Lauderdale, Fl. 33301 (City/State and Zip Code) For further information concerning this matter, please call: Christopher Clark (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S25 Filing Fee Certified Copy	TO: Registration Section Division of Corporations			
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Christopher Clark (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:	(City/State and Zip Code)		_	- F
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·	(Name of Contact Person)		& Daytime Telephone N	Number)
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Mailing Address:Street Address:Registration SectionRegistration Section				
Division of Corporations Division of Corporations			~	
P.O. Box 6327 The Centre of Tallahassee	P.O. Box 6327			
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallahassee, FL 32314			•



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)

		it appears on the records of the Flo	orida Departmen	nt
of State is:	t Neighborhood Law Firm, PL		·	
2. The Florida do	cument/registration number ass	signed to this limited liability com	pany is:	
L08000083955				
3. The date this n	nember/manager withdrew/resi	gned or will withdraw/resign is: $\frac{6}{2}$	29/2020	
4. I, Daphne E. Jone	es	, hereby withdraw/resign as a		
(Print	Name of Person Resigning)	, hereby withdraw/resign as a		
MBR				
	(Print Title)			
		e limited liability company has bee		y
resignation in v	vriting.		2020 J SECF TAI	
- Da	glind ou	nt	BULL-	47 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A
Sign atur e of	Dissociating Member or Resign	ning Manager	6 NH 7: 05	
Filing Fee:	\$25.00 (Required)		10 H	
Certified Copy:	\$30.00 (Ontional)		10 th	