L13000109124

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COVER LETTER

Division of Corporations	
SUBJECT: YACON, LLC	
(Name of Limited Liability Con	mpany)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
PAOLA VANESSA ZAPATA	
(Contact Person)	
PAOLA VANESSA ZAPATA	
(Firm/Company)	_
17107 N BAY RD APT 308	
(Address)	_
SUNNY ISLES BEACH, FL 33160	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
VANESSA ZAPATA 678	923-3189
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I ■ \$25 Filing Fee □ \$55 Filing	Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

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 of State is: YAC	• • •	s it appears on the records of the	Florida Department
2. The Florida doc L1300010972	_	assigned to this limited liability co	ompany is:
		signed or will withdraw/resign is, hereby withdraw/resign a	
	Vame of Person Resigning) D REPRESENTATIVE (Print Title)		
resignation in wi		he limited liability company has l	
_	\$25.00 (Required) \$30.00 (Optional)		T ILEU 16 SEP 30 AM IO: DIVISION OF CORPORAL