

L14000042008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

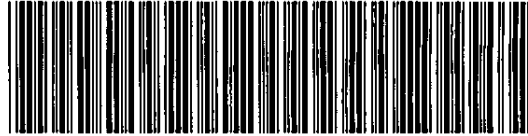
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2015 APR 10 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 23 2014

C. CARROTHERS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

1603 Idell LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey Kaplan

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

12417 Hidden Brook Drive

\_\_\_\_\_  
Address

Tampa FL 33624

\_\_\_\_\_  
City/State and Zip Code

jrkproperty1@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Kaplan

813 789 4713

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee.  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



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)

2015 APR 10 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

1. The name of the limited liability company as it appears on the records of the Florida Department  
of State is: 1603 Idell LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000042008

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/10/2015

4. I, Rasa Kaplan, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGRM

(Print Title)

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

X Rasa Kaplan

Signature of Dissociating Member or Resigning Manager

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