

L14000072129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

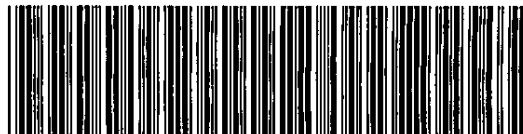
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/10/15--01023--004 \*\*100.00

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2015 APR 10 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 23 2014

C. CARROTHERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:**

Klondyke Pro Selt 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:

Jeffrey W Kaplan

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

12417 Hidden Brook Drive

\_\_\_\_\_  
(Address)

Tampa FL 33624

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

For further information concerning this matter, please call:

Jeffrey Kaplan

813

789 4713

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

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2015 APR 10 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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: KLOAN 24 Kc PROJECT LLC

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

L14000072129

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

Rasa Kaplan

4. I, \_\_\_\_\_, 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 R. Kaplan

Signature of Dissociating Member or Resigning Manager

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