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COVER LETTER

TO:	_	stration Section		
	Divis	ion of Corporations		
SUBJ	ECT:	KAPLAN YOUNG & MOLL PA		
		(Name of I	Limited Liability Co	ompany)
The er	nclosed	l member, resignation or diss	ociation and fee	(s) are submitted for filing.
Please	return	all correspondence concerni	ng this matter to	:
STEPH	IANIE I	HERNANDEZ		
		(Contact Person)		_
KAPL	AN YO	UNG & MOLL PARRON PLLC		
-		(Firm/Company)		
777 BF	RICKEL	L AVENUE, SUIET 630		
		(Address)		_
MIAM	il, FLOF	RIDA 33131		
	-	(City/State and Zip Code)		_
For fu	rther is	nformation concerning this m	atter, please call	l:
STEPF	IANIE	HERNANDEZ	786 at (233-9407
	(N	ame of Contact Person)		le & Daytime Telephone Number)
Enclos	sed ple	ase find a check made payab	le to the Florida	Department of State for:
■ \$25	5 Filing	g Fee	□ \$55 Filir	ng Fee & Certified Copy
	<u>Mailir</u>	ng Address:		Street Address:
		stration Section		Registration Section
		ion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee
		hassee, FL 32314		2415 N. Monroe Street, Suite 810
				Tollohorcon El 22202

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)

	limited liability company as	s it appears on the records of the Florida	Departmen	ţ	
2. The Florida docu L14000189677	ument/registration number a	assigned to this limited liability company	is:		
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:	0		
4. I. JUSTIN B. KAP	I AN' P A	, hereby withdraw/resign as a			
MEMBER	(Print Title)				
resignation in wr		he limited liability company has been not gning Manager	ified of my	2020 JAN	***************************************
	\$25.00 (Required) \$30.00 (Optional)). (-8 AM 9:0	