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D. **BRUCE SEP** 1 3 2020

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	Kaizen Behavioral Health LLC				
2003		imited Liability Cor	npany)		
The e	nclosed member, resignation or disso	ciation and fee(s	s) are submitted for filing.		
Please	return all correspondence concernin	g this matter to:			
Rachel	Needle				
	(Contact Person)		_		
Kaizen	Behavioral Health LLC				
	(Firm/Company)				
1920 P	alm Beach Lakes Blvd Suite 211				
	(Address)		-		
West F	alm Beach, Fl 33409				
	(City/State and Zip Code)		_		
For fu	rther information concerning this ma	ntter, please call:		S 2	
Rachel	Needle	561 at (262-4723 <u>5</u>	1020 JUL 23	از
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number	STE 23	. ~ v 2 tc: 4
Enclo	sed please find a check made payable	e to the Florida I	Department of State for:	₹ 2	
≡ \$2	5 Filing Fee	□ \$55 Filing	Fee & Certified Copy	31 <u>815</u> 01:9	Ü
	Mailing Address:		Street Address:		
	Registration Section Registration Section Division of Corporations Division of Corporations				
	P.O. Box 6327 The Centre of Tallahassee				
		2415 N. Monroe Street, Suite 810			
			Tallahassee, FL 32303		

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)

of State is: Kaizen Behavioral Health LLC	
2. The Florida document/registration num	ber assigned to this limited liability company is:
A C.P. and Dr. 1	ew/resigned or will withdraw/resign is: 07/01/2020
4. I, Melissa Fogel (Print Name of Person Resigning)	, nereby withdraw/resign as a
MGR	
(Print Title)	·
of this limited liability company and aff resignation in writing. Signature of Dissociating Member or	Take limited liability company has been notified of my Take 201 JUL 23 PH 6

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: