

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003258
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT RESIGNATION
CAMERON COURT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

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6/28/10
10/28/10

COVER LETTER

H10000150173

TO: Amendment Section
Division of Corporations

3

SUBJECT: CAMERON COURT LLC
Name of Limited Liability Company

DOCUMENT NUMBER: _____

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Oscar Grisales-Racini, Esq.
Name of Person

Oscar Grisales-Racini, P.A.
Name of Firm/Company

2999 W. C. 191ST ST. CONCORDE CENTRE II, PH-8
Address

Aventura FL 33180
City/State and Zip Code

OGRGlobal@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oscar Grisales-Racini at (305) 792-0439
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Gaston Belen

Name of Registered Agent

, hereby resigns as

Registered Agent for

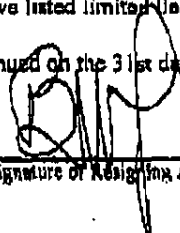
CAMERON COURT LLC

Name of Limited Liability Company

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

x 
Signature of Resigning Agent (Gaston Belen)

If signing on behalf of an entity:

Gaston Belen
Typed or Printed Name
Registered Agent
Capacity

FILING FEES:

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

10 JUN 29 AM 9:35
REGISTRATION SECTION
TALLAHASSEE, FLORIDA

APPROVED
FILED

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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