

# L06 000106064

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

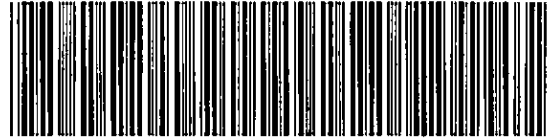
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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Office Use Only



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S. YOUNG

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 215 CAMDEN 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:

KERRY MERCATANTE

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

ACCURATE TAX SERVICES INC

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

7700 CONGRESS AVE #1106

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

BOCA RATON, FL 33487

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

For further information concerning this matter, please call:

KERRY MERCATANTE at ( 561 ) 272-6600  
\_\_\_\_\_  
(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



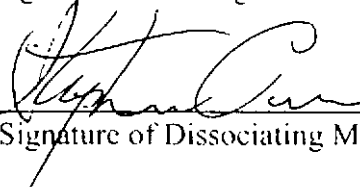
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 215 CAMDEN, LLC
2. The Florida document/registration number assigned to this limited liability company is: L06000106064
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2020
4. I, STEPHEN CORR, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGING MEMBER  
*(Print Title)*

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

X   
Signature of Dissociating Member or Resigning Manager

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

2021 JAN 11 PM 5:53