L03000030655

(Re	equestor's Name)	
(Ad	ldress)	·
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(Čí	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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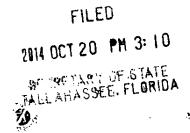
10 /30/14

COVER LETTER

Division of Corporations			
SUBJECT: Cameron's Design, Limited	-		
(Name of Limited Liability Company)			
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to:		
Betty Cameron			
(Contact Person)			
Cameron's Design, Limited Liability Con	npany		
(Firm/Company)			
1467 Lake Baldwin Lane, Suite A			
(Address)			
Orlando, FL 32814			
(City/State and Zip Code)			
For further information concerning this matt	er, please call:		
Harry E. Harp, CPA	407 740-5400		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable t \$25 Filing Fee	to the Florida Department of State for: \$\sigma\$ \$\sigma\$ \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		

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 it a neron's Design, Limited Liabi	appears on the records of the Florida Department lity Company
2. The Florida docu L0300003065	•	ned to this limited liability company is:
		ed or will withdraw/resign is: Jan. 1, 2014, hereby withdraw/resign as a
Member	·	
of this limited lia resignation in wr	iting.	mited liability company has been notified of my
Signature of Di	issociating Member or Resignin	g Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	