

LOS 0000 69788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

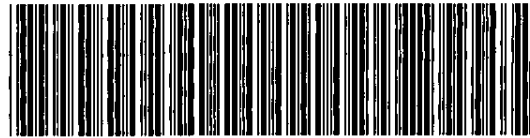
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100216099521

01/06/12--01019--016 **55.00

FILED
12 JAN -6 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JAN - 9 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRAMEWORKS, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Russ Parris
(Contact Person)

FRAMEWORKS, LLC
(Firm/Company)

1917 N. 19th Ave
(Address)

Pensacola, FL 32503
(City/State and Zip Code)

For further information concerning this matter, please call:

Russ Parris at (850) 516-7680
(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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RECEIVED
12 JAN -6 AM 11:48
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: FRAMEWORKS, LLC

2. This limited liability company was organized under the laws of:

Florida

3. The Florida document/registration number of this limited liability company is:

L05000069788

4. I, Michelle R. Van Camp, hereby resign as a
(Print Name of Person Resigning)

MGRM
(Print Title)

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

[Signature]
Signature of Resigning Member, Managing Member or Manager

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

FILED
12 JAN -6 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA