

LOG000083634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

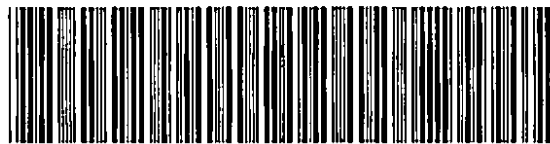
(Business Entity Name)

(Document Number)

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

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18 AUG 23 PM 5:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2018

THOMAS OATES  
1150 E ATLANTIC BLVD, STE B  
POMPANO BEACH, FL 32605

SUBJECT: CAMPILLO'S SWIMMER ACADEMY L.L.C.  
Ref. Number: L16000083634

We have received your document for CAMPILLO'S SWIMMER ACADEMY L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the date member resigned/withdrew from entity.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 118A00016635

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AUG 13 2018 PM 1:33  
FLORENCE  
ASSISTANT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JACKS HILL, 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:

THOMAS D. OATES

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

LAW OFFICES OF OATES & OATES, P.A.

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

1150 EAST ATLANTIC BOULEVARD, SUITE B

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

POMPANO BEACH, FL 32605

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

For further information concerning this matter, please call:

THOMAS D. OATES at ( 954 ) 942-6500  
\_\_\_\_\_  
(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



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)

FILED  
18 AUG 22 PM 5:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2. The Florida document/registration number assigned to this limited liability company is:  
L06000083634

3. The date this member/manager withdrew/resigned or will withdraw/resign is: August 3, 2018

4. I, NATHANIEL E. PRIDEMORE, hereby withdraw/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.

Nathaniel E. Pridemore

Signature of Dissociating Member or Resigning Manager

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