10600083647

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



900312515169

05/02/18--01024--013 **25.00



COVER LETTER

	Registration Section Division of Corporations				
SUBJE	CCT: ALEX CAMILLE, LLC				
(Name of Limited Liability Company)					
The end	closed member, resignation or dissocia	ution and fee(s) are submitted for filing.		
Please	return all correspondence concerning t	his matter to:			
Sheryl	S. Hunter, Esq.				
	(Contact Person)		-		
Hunte	r Business Law				
	(Firm/Company)		-		
119 S	. Dakota Ave.				
	(Address)		_		
Tampa	a, FL 33606				
	(City/State and Zip Code)		-		
For fur	ther information concerning this matte	r, please call:			
Shery	IS. Hunter, Esq.	813	867-2640		
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
	ed please find a check made payable to Filing Fee		Department of State for: g Fee & Certified Copy		
	ET/COURIER ADDRESS:		MAILING ADDRESS:		
_	ation Section on of Corporations		Registration Section Division of Corporations		
Clifton	Building		P.O. Box 6327		
	xecutive Center Circle assee, 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)

	the limited liability compan	y as it appears on the records of the F	Florida Department
2. The Florida d	•	er assigned to this limited liability co	mpany is:
3. The date this	member/manager withdrew	//resigned or will withdraw/resign is:	March 23, 2018
4. I. Frank S. F	lewitt	hereby withdraw/resign as	a
(Prir	it Name of Person Resigning)		<u> </u>
Manager/M			7018.
	(Print Title)	_	HAS T
of this limited	liability company and affire	m the limited liability company has b	een notified obmy
resignation in		, , ,	
4			FLORIDA FLORIDA
Signature of	Dissociating Member or Ro	esigning Manager	-
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)