

LO8000095671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

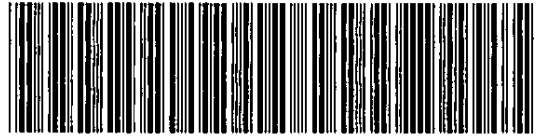
(Business Entity Name)

(Document Number)

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09 AUG 24 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

AUG 25 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CAMP DAVID FARMS, L.L.C.  
(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:

DAVID<sup>W</sup> OR PATRICIA S. RAWSON  
(Contact Person)

CAMP DAVID FARMS, L.L.C.  
(Firm/Company)

327 ANDREW JACKSON TRAIL  
(Address)

GULF BREEZE, FL 32561  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID W. OR PAT RAWSON at (850) 982-4372  
(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

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

09 AUG 24 AM 10:41  
FILED  
STATE DEPARTMENT 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: CAMP DAVID FARMS, L.L.C.

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

THE STATE OF FLORIDA.

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

L08000095671

4. I, DAVID SCOTT RAWSON, hereby resign as a MANAGING MEMBER  
(Print Name of Person Resigning) (Print Title)

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

David Scott Rawson

Signature of Resigning Member, Managing Member or Manager

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