

L10000116715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

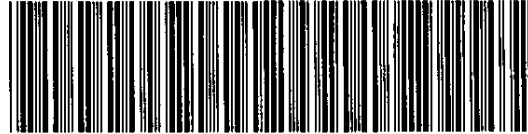
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan AUG 12 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ControlCam, 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:

Mark O'Neal

(Contact Person)

N/A

(Firm/Company)

3690 Alcot Way

(Address)

Cumming, GA 30041

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark O'Neal

at 770 688-7385

(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

RECEIVED
15 AUG 11 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 31, 2015

MARK O'NEAL
3690 ALCOT WAY
CUMMING, GA 30041

SUBJECT: CONTROL CAM, LLC
Ref. Number: L10000116715

We have received your document for CONTROL CAM, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the Dissociating Member or Resigning Member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan
Regulatory Specialist II

Letter Number: 015A00016170



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2015 AUG 11 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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

2. The Florida document/registration number assigned to this limited liability company is:
L10000116715

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/5/2015

4. I, Mark W. O'Neal, hereby withdraw/resign as a
(Print Name of Person Resigning)

Chief Operating Officer

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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