

L11000607512

(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  
DIVISION OF CORPORATIONS  
11 AUG - 8 PM 1:30

T. HAMPTON

2011

EXAMINED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Anthony by Anthony Camargo  
(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:

Lisa Almy  
(Contact Person)

ANTHONY by Anthony Camargo  
(Firm/Company)

5565 La Gorce Dr  
(Address)

Miami Beach, FL 33140  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Almy at ( 305 ) 790 5200  
(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

11 AUG -3 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 30, 2011

LISA ALMY  
5565 LA GORCE DR  
MIAMI BEACH, FL 33140

SUBJECT: ANTHONY BY ANTHONY CAMARGO LLC  
Ref. Number: L11000007512

We have received your document for ANTHONY BY ANTHONY CAMARGO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person resigning and the person signing the resignation document must be the same.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 511A00015786



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: Anthony by Anthony Camargo 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:  
L1100000 7512

4. I, Jennifer Goodkind, 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.

Jennifer Goodkind

Signature of Resigning Member, Managing Member or Manager

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG -8 PM 1:30