

L110000090515

(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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300265532373

*Resignation of
member*

10/22/14--01001--005 **25.00

FILED
2014 OCT 16 PM 12:28
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

DR
10/23/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2014

Jennifer Cooperman
6150 Gulfport Blvd #515
Gulfport, FL 33707

SUBJECT: KIM CAMPBELL LLC
Ref. Number: L11000090515

We have received your document for KIM CAMPBELL LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 814A00020868

RECEIVED
14 OCT 16 PM 1:04
DEPA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

September 24, 2014

RE: Statement of Fact

*Copy of
original
letter*

To Whom It May Concern:

I was informed on this date by the Department of Revenue that I was identified as a partner under the Limited Liability Corporation Kim Campbell LLC.

I was never a partner in this business; I was a CLIENT of Ms. Campbell's. I had no knowledge that Ms. Campbell identified me as the responsible party for her company. Additionally, I have never, in any capacity benefit financially from this company.

I am requesting that my name be removed in any capacity associated with this company. I am not now, nor have I ever been a part of this business.

Please feel free to contact me to discuss any questions that you may have. My phone number is 727-409-1724. My email address is jcooperman101@gmail.com.

Sincerely,

Jennifer Cooperman



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Kim Campbell LLC
2. The Florida document/registration number assigned to this limited liability company is:
LI11000090515
3. The date this member/manager withdrew/resigned or will withdraw/resign is: see attached
4. I, Jennifer Cooperman, hereby withdraw/resign as a
(Print Name of Person Resigning)
MS
(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)