

L12000136424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

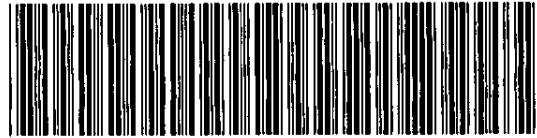
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200269841772

02/27/15--01005--024 **50.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE
15 FEB 27 PM 1:22
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
15 FEB 27 PM 1:36
OFFICE OF STATE
CORPORATION
TALLAHASSEE, FLORIDA

LLC
Res. m/m

02-27-15

DC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Camp Indian Springs, 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:

Dorothy R. Hart
(Contact Person)

Camp Indian Springs, LLC
(Firm/Company)

2387 Bloxham Cut off Rd
(Address)

Tallahassee, FL
(City/State and Zip Code) Crawfordville, FL 32327

For further information concerning this matter, please call:

Derek Hart at (850) 933-5959
(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 OR DISSOCIATION OF MEMBER, 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: Camp Indian Springs, LLC

2. The Florida document/registration number of this limited liability company is:
L12000136424

3. The date this member withdrew or will withdraw is: Jan 1, 2014

4. I, Dorothy R Hart, hereby resign as a mgrm
(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.

Dorothy R Hart

Signature of Resigning or Dissociating Manager, Member

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

CR2E079 (12/13)

FILED
15 FEB 27 PM 1:36
DIVISION OF STATE
ALBUQUERQUE, FLORIDA