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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Camp South Moon LLC (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:
Ryan Adams (Contact Person)
(Firm/Company)
168 Dak Grove St.  (Address)
Ormand Beach FL 32176 (City/State and Zip Code)
For further information concerning this matter, please call:
Ryan Adams at (386) 212-5315 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$\$ \$\squ
STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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

	d liability company as it appears on the records o	
of State is: <u>Can</u>	np South Moon LLC	
	ompany was organized under the laws of:	
State o	of Florida.	
<u> </u>	registration number of this limited liability comp	any is:
4.1, Robert	Person Resigning)	Mar. (Print Title)
of this limited liability of resignation in writing	company and affirm the limited liability company	has been notified of my
Signature of Resigning	Member, Managing Member or Manager	
Filing Fee: \$2. Certified Copy: \$3	5.00 (Required) 0.00 (Optional)	