L140000 45703

(Re	questor's Name)	
	dress)	
(/10	a.c.33)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	1
Certified Copies	_ Certificate:	s of Status
C	Fil O#:	
Special Instructions to	Filing Officer:	

Office Use Only



800278877208

11/23/15--01027--014 **25.00

2115 DEC 21 PH 1: 5:

DEC 22 2015 J. HARRIS

COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations		
SUBJECT: Calvary Enterprises LLC		
	nited Liability Co	ompany)
The enclosed member, resignation or dissoci	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to	:
Charles Steward		
(Contact Person)		_
Calvary Enterprises LLC		
(Firm/Company)		
3240 E Martin Rd		
(Address)		_
Bonifay, FI 32425		
(City/State and Zip Code)		-
For further information concerning this matter	er, please call:	
Charles Steward	850 at (408-1144
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: g 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

December 7, 2015

CHARLES STEWARD 3240 E MARTIN RD BONIFAY, FL 32425

2ND MAILING

SUBJECT: CALVARY ENTERPRISES LLC

Ref. Number: L14000045703

15 DEC 21 AM II: 35

We have received your document for CALVARY ENTERPRISES 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):

Document must be in portrait, not landscape.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 815A00024837

2015 DEC 21 PH 1:52



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 lir	nited liability company as it a	ppears on the records of the Florida Depa	rtment		
of State is: Calu	kry Enterprises h	.hC	······•		
	•	ned to this limited liability company is:			
414000045	703	_,			
3. The date this memb	per/manager withdrew/resigne	d or will withdraw/resign is: 9/29/15			
4. I, Justin Ry	an Georgia e of Person Resigning)	_, hereby withdraw/resign as a			
Managing Mem	Mer int Title)				
resignation in writing		nited liability company has been notified	of my		
	\$25.00 (Required)				
Certified Copy: CR2E079 (2/14)	\$30.00 (Optional)		TALLAHASSEE FLORIDA	2015 DEC 21 PM 1:52	GEORGE STATE OF THE STATE OF TH