L14000057236

(Re	equestor's Name)	
(Ac	ldress)	
· (Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	nlv



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COVER LETTER

Division of Corporations	•
SUBJECT: CAMARK GROUP (Name of Limited Liability)	Company)
The enclosed member, resignation or dissociation and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
CARI GAMBIUS (Contact Person)	
CAMARK CROUD FloriDA P	ejuvenation Center
4601 Military Trail	suite 209
Supiter Flaring (City/State and Zip Code)	_33458
For further information concerning this matter, please c	all:
	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee ☐ \$55 Fi	da Department of State for: iling Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



September 23, 2014

CARL GAMBINO, JR. CAMARK GROUP, LLC 222 ANDALUSIA DRIVE PALM BEACH GARDENS, FL 33418

SUBJECT: CAMARK GROUP, LLC

Ref. Number: L14000057236

We have received your document for CAMARK GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 814A00020382

RECEIVED

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EFMANDER (C. STATE

ALLAMASSEE FLORIDIS





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	limited liability company as it appears on the records of the Florida Department
of State is:	AMARK GROUP, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L140	00057036
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Erik	Pettersen, hereby withdraw/resign as a fame of Person Resigning)
MGE	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Ent-You	Lien
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)