L14000123479	
(Requestor's Name) (Address) (Address)	800348944958
(City/State/Zip/Phone #)	07/27/2001040002 ***35.00 RECEIVED JUL 2 3 2000
Q 23 Office Use Only	LLC M/M Resign,

OCT 12 2020 D CONNELL



### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 14, 2020

LUCILA CAMARGO 230 CHESHIRE WAY DAVENPORT, FL 33897

SUBJECT: CAMARGOANGIE INVESTMENT LLC Ref. Number: L14000123479

We have received your document for CAMARGOANGIE INVESTMENT 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):

We are enclosing the proper form(s) with instructions 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) 245-6842.

Deborah Bruce Corporate Records Supervisor II

Letter Number: 420A00017388

# RECEIVED

SEP 2 3 2020

### **COVER LETTER**

TO: **Registration Section Division of Corporations** 

# SUBJECT: <u>CAMAPGOANGIE INVESTMENT</u> 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:

MCILA CHITHPEO (Contact Person)

(Firm/Company)

230 CHESHIPE WAY (Address)

DAVENPORT FL 33897 (City/State and Zip Code)

For further information concerning this matter, please call:

JUCILHCAMAPEGOat (305)244-6096(Name of Contact Person)(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy S25 Filing Fee

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: **Registration Section** Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

I

CR2E079 (2/14)



#### 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: CAMAREOANE IE INVESTMENT LLC

2. The Florida document/registration number assigned to this limited liability company is:

L14000123479

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8 - 10 - 20

4. I. LUCILH & HHAPGO , hereby withdraw/resign as a (Print Name of Person Resigning)

ASSISTANT./MGR

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

<u>Signature of Dissociating Member or Resigning Manager</u>

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

