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N. Culligan OCT 3 U 2015

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: NORTH FLORIDA DUI & T	ICKET DEFE	ENSE, LLC
(Name of Lin	nited Liability Co	ompany)
The enclosed member, resignation or dissoc	iation and fee(	(s) are submitted for filing.
Please return all correspondence concerning	this matter to	: ·
Anthony Cammarata		
(Contact Person)		_
Cammarata Law Firm		
(Firm/Company)		
2110 Gibbs Drive		_
(Address)		
Tallahassee, Florida 32303		
(City/State and Zip Code)		_
For further information concerning this matt	ter, please call	:
Anthony Cammarata	850	264-5564
(Name of Contact Person)	(Area Cod	le & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  ■ \$25 Filing Fee		
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



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2015 DET 30 PH 4 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## 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)

	limited liability company as	it appears on the records of the Florida Department KET DEFENSE, LLC.
2. The Florida docs	•	ssigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:
4. I, Anthony Cammarata		, hereby withdraw/resign as a
Manager	ame of Person Resigning)	
	(Print Title)	
of this limited lia	• •	ne limited liability company has been notified of my
Signature of D	issociating Member or Resig	ning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	