

11/7/2016

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
Account Number : I20160000067  
Phone : (407)370-3686  
Fax Number : (407)370-3120

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: consulting@larsonacc.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CAMPORA LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

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S. YOUNG

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CAMPORA 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:

CAROLINE LARSON  
(Contact Person)

LARSON ACCOUNTING AND CONSULTING SVS  
(Firm/Company)

7901 KINGSPINTE PKWY STE 17  
(Address)

ORLANDO, FL 32819  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRUNO LUIS ARCARO at ( 407 ) 3703686  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
 \$25 Filing Fee  \$55 Filing 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

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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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CAMPORA LLC

2. The Florida document/registration number assigned to this limited liability company is: L15000167455

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/23/2016

4. I, CAMILA MARCELA FERRARI ARCARO, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR  
*(Print Title)*

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

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

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