L16000122987

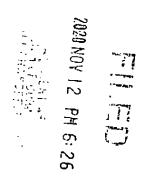
(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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9EC 1 6 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Club Revenue Solutions 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:	
Attn: C Ingram/R McPhail (Contact Person)	
(Firm/Company)	
3470 Labemont Drive	
Bonta Springs FL 34134 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Richard McPhail at (239) 223-2741 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee & Certified Copy	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite	810

Tallahassee, FL 32303



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 a		
2. The Florida docu	iment/registration number a	assigned to this limited liab	oility company is:
L1600	0122987		
3. The date this me	mber/manager withdrew/re	signed or will withdraw/res	sign is: <u>11-05-20</u>
4.1. Richar (Print N	J. McPhall Jame of Person Resigning)	, hereby withdraw/re	esign as a
Member	(Print Title)		
of this limited lia- resignation in wr	bility company and affirm titing.	he limited liability compan	y has been notified of my
	D·D		2920
Signature of Di	ssociating Member or Resig	gning Manager	2020 NOV 12
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		12 PH 6: 2