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(Address)				
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(Cit	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
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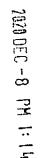
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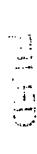


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12/08/20--01019--024 ++25.00

MAN 2 3 2021 S. YOUNG





COVER LETTER

TO: Registration Section Division of Corporations	
CAM Holdings, LLC SUBJECT:	
(Name of Limited Liability (Company)
The enclosed member, resignation or dissociation and fe	ee(s) are submitted for filing.
Please return all correspondence concerning this matter t	to:
Andrew Oden	
(Contact Person)	
(Firm ² Company)	
6451 N. Federal Highway, Ste. 409	
(Address)	
Ft. Lauderdale, FL 33308	
(City/State and Zip Code)	
For further information concerning this matter, please ca	ilt:
Andrew Oden 561 at (271-3970
	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid	
■ \$25 Filing Fee □ \$55 Fil	ling Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 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 as		
	ument/registration number a		
3. The date this me	ember/manager withdrew/res	signed or will withdraw/re	sign is:
4. I. Robert Oden Trust, Robert Oden Trustee (Print Name of Person Resigning)		, hereby withdraw/re	esign as a
AMBR			
	(Print Title) bility company and affirm thiting.	ne limited liability compar	ny has been notified of my
16	al		2920 DEC -8
Signature of D	issociating Member or Resig	ining Manager	
	\$25.00 (Required) \$30.00 (Optional)		