L17000028437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUN 22 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAMCO ENTERPRISES LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000028437

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLA SCHNATTER
Name of Person

CAMCO ENTERPRISES LLC
Name of Firm/Company

532 PRESERVE PT N
Address

JUPITER, FL 33458
City/State and Zip Code

CARLASCHNATTER@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLA SCHNATTER at (239) 207-7222
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for $85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CARLA SCHNATTER , hereby resigns as
Name of Registered Agent

Registered Agent for CAMCO ENTERPRISES LLC

Name of Limited Liability Company

L17000028437
Document Number, if known

2021 MAY 17 AM 7:07

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Carla Schnatter
Signature of Resigning Agent

If signing on behalf of an entity:

CARLA SCHNATTER
Typed or Printed Name

REGISTERED AGENT
Capacity

FILING FEES:
$ 85.00 Active limited liability company
$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (2/14)