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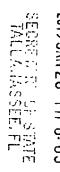
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#### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: CAMPOS FAMILY, 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 m	atter to:			
ALEXANDER G. CUBAS	,			
(Contact Person)				
ALEXANDER G. CUBAS, P.A.	_			
· (Firm/Company)	<del></del>			
9580 SW 107 AVENUE, # 202	· ,			
(Address)				
MIAMI, FL 33176				
(City/State and Zip Code)	• •			
For further information concerning this matter, ple	ase call:			
ALEXANDER G. CUBAS	05 595-6337			
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for:  \$\Bigsim \text{\$\subset\$ \$25 Filing Fee & Certified Copy}\$\$				
STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section			
Registration Section Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			

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### FILED



2019 JAN 28 PM 6: 05 SECRETARY OF STATE TALLAHASSEE. FL

#### 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 i	t appears on the records of the Florida Department
of State is: CAM	IPOS FAMILY, LLC	<u> </u>
2. The Florida docu L1700002974		igned to this limited liability company is:
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign is:
4. I, FRANCIS N.		, hereby withdraw/resign as a
	lame of Person Resigning) ND MEMBER	
	(Print Title)	
of this limited lia resignation in wr		limited liability company has been notified of my
Signature of Di	ssociating Member or Resign	ing Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	