## 119000009113

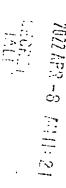
| (Re                                     | questor's Name)    |             |  |
|---|--------------------|-------------|--|
| (Ad                                     | dress)             |             |  |
| (Ad                                     | dress)             |             |  |
| (Cit                                    | ty/State/Zip/Phone | e #)        |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |
| (Business Entity Name)                  |                    |             |  |
| (Document Number)                       |                    |             |  |
| Certified Copies                        | _ Certificates     | s of Status |  |
| Special Instructions to Filing Officer: |                    |             |  |
|   |                    |             |  |
|   |                    |             |  |
|   |                    |             |  |

Office Use Only



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04/08/22--01019--008 \*\*25.00



## **COVER LETTER**

| TO: Registration Section Division of Corporations   |  |
|---|--|
| SUBJECT: Fancy Cumps Topsail LL (Name of Limited Liability Cor                                      | C npany)   |
| The enclosed member, resignation or dissociation and fee(s  | s) are submitted for filing.   |
| Please return all correspondence concerning this matter to:   |  |
| Contact Person)   | _  |
| (Firm/Company)  | _  |
| 3116 W. Lawn Ave.   | -  |
| City/State and Zip Code)  | _  |
| For further information concerning this matter, please call:  |  |
| Erin Carr at (813 (Name of Contact Person) (Area Code   | 205-0383<br>& Daytime Telephone Number)  |
| Enclosed please find a check made payable to the Florida D \$\times \$25\$ Filing Fee \$55\$ Filing | Department of State for: g Fee & Certified Copy  |
| 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 |



## 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                         | imited liability company as it appears on the r         | records of the Florida Department |
|--|---|-----------------------------------|
| of State is:                               | Fancy Camps Topsail LL                                  | <u>-C</u>                         |
| 2. The Florida docu                        | ment/registration number assigned to this limi          | ted liability company is:         |
| L18  | 00000 9113  |                                   |
| 3. The date this mer                       | mber/manager withdrew/resigned or will without          | draw/resign is: 4/8/20            |
| 4. I, Print No.                            | hereby with of Person Resigning)                        | draw/resign as a                  |
| Manager                                    | Print Titley  |                                   |
| of this limited liab<br>resignation in wri | ility company and affirm the limited liability of ting. | company has been notified of my   |
| S.H.                                       | Van   | 2072 (                            |
| Signature of Dis                           | sociating Member or Resigning Manager                   |                                   |
| Filing Fee:                                | \$25.00 (Required)                                      | eis<br>S                          |
| Certified Copy:                            | \$30.00 (Optional)                                      |                                   |