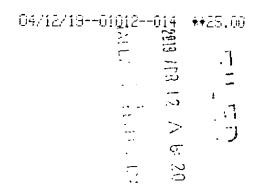
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(F	Requestor's Na	me)	
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COVER LETTER ,

TO: Registration Section Division of Corporations	
SUBJECT: COMPLETE 360 RV, LLC	
(Name of Limite	ed Liability Company)
The enclosed member, resignation or dissociate	tion and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to:
SHARAD PATEL	
(Contact Person)	
COMPLETE 360 RV, LLC	5
(Firm/Company)	. >
4455 ULMERTON RD.	ر ان ان
(Address)	· · · · · · · · · · · · · · · · · · ·
CLEARWATER, FL 33762	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
SHARAD PATEL	727 559-2900 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (2/14)



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	it appears on the records of the Florida De	
of State is:	MPLETE 360 RV, LLC	-	シ <u>σ</u>
	ument/registration number as:	signed to this limited liability company is:	20
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is:)19
CLYDE EDG	SISON	, hereby withdraw/resign as a	
(Print 8	lame of Person Resigning)	·	
COO			
	(Print Title)		
of this limited lia resignation in wr		e limited liability company has been notific	ed of my
Signature of D	issociating Member or Resign	ning Managor	
Signature of D	issociating member of Resign	mig ivianagei	
	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		