L18000 195 175

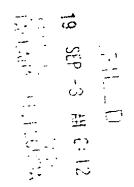
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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09/03/19--01029--029 **25.00



SEP 13 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Cam Clubhouse (Name of Limited Liability C	Company)
The enclosed member, resignation or dissociation and fe	e(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
Britary Collins (Contact Person)	_ -
Cam Clubinouse (Firm/Company)	
6519 W Newberry 2d #112	
Chaire Sville, FL 32605 (City/State and Zip Code)	
For further information concerning this matter, please ca	all:
Kolbi Syden Stricker at (236) (Name of Contact Person) (Area C	Ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Floric \$25 Filing Fee \$55 Fi	la Department of State for: ling Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301



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 a	as it appears on the records of	of the Florida Department
of State is: <u>Ca</u>	m Clubhouse		
2. The Florida docu	ment/registration number	assigned to this limited liab	ility company is:
L 18000 195	175	·	
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/res	sign is: <u>8/28 2019</u>
4.1. Kolbi Syd		, hereby withdraw/re	
<u>(0-0W)</u>	(Prim Title)		
of this limited lial resignation in wr		the limited liability compan	y has been notified of my
Kolk (······································
Signature of Di	ssociating Member or Res	igning Manager	19 SE
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SEP -3 AH
			22 A

WITHDRAWAL STATEMENT

Pursuant to section 605.0208, Florida Statutes, I hereby submecord before it takes effect:	
FIRST: The name of the limited liability company is:	am Clubhouse
SECOND: The Florida Document number of the limited lia	bility company is: <u>L18000 195 175</u>
THIRD: The record to be withdrawn is: _OWN ers	_
FOURTH: Please check the appropriate box	
This withdrawal statement is signed by all the	persons who signed the record being withdrawn.
or	
This record is withdrawn in accordance with t	he agreement of all the persons who signed the record.
Kella o	Kolbi Sydenstricker
Signature of person submitting withdrawal	Typed or printed name of signature
Signature of person submitting withdrawal	Typed or printed name of signature
Signature of person submitting with the	-· ,
Signature of person submitting withdrawal	Typed or printed name of signature
Signature of person submitting withdrawal	Typed or printed name of signature
Filing fee: \$25.0 Certified Copy: \$30.0	

CR2E140 (2/14)