

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 _____

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

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19 SEP -3 AM 9:12
180000 11/12/2019

SEP 13 2019

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cam Clubhouse
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Brittany Collins
(Contact Person)

Cam Clubhouse
(Firm/Company)

6519 W Newberry Rd #112
(Address)

Gainesville, FL 32605
(City/State and Zip Code)

For further information concerning this matter, please call:

Kolbi Sydenstricker at (234) 244 9023
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



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 Department of State is: Cam Clubhouse

2. The Florida document/registration number assigned to this limited liability company is:
L18000195175

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/28/2019

4. I, Kolbi Sydenstricker, hereby withdraw/resign as a
(Print Name of Person Resigning)

co-owner
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Kolbi Sydenstricker

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
19 SEP -3 AM 12
TALLAHASSEE, FLORIDA

WITHDRAWAL STATEMENT

Pursuant to section 605.0208, Florida Statutes, I hereby submit the following withdrawal statement withdrawing a record before it takes effect:

FIRST: The name of the limited liability company is: Cam Clubhouse

SECOND: The Florida Document number of the limited liability company is: L18000195175

THIRD: The record to be withdrawn is: ownership agreement

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 the agreement of all the persons who signed the record.

Kolbi S.
Signature of person submitting withdrawal

Kolbi Sydenstricker
Typed or printed name of signature

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 withdrawal

Typed or printed name of signature

Filing fee: \$25.00
Certified Copy: \$30.00 (optional)