118000264256

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COVER LETTER

	Registration Section Division of Corporations		
SUBJEO	Anythingbut9to5 LLC		
		imited Liability Co	mpany)
The encl	osed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please re	eturn all correspondence concernin	g this matter to:	
Steven	T. Camargo		
	(Contact Person)		_
	(Firm/Company)		_
4600 C	ason Cove Drive #418		
	(Address)		_
Orlando	o, FL 32811		
	(City/State and Zip Code)		_
For furth	her information concerning this ma	atter, please call	
Steven	T. Camargo	407 at (755-7874
	(Name of Contact Person)		e & Daytime Telephone Number)
	d please find a check made payable filing Fee		Department of State for: g Fee & Certified Copy
Registra	T/COURIER ADDRESS: ation Section a of Corporations		MAILING ADDRESS: Registration Section Division of Corporations
Clifton l	Building		P.O. Box 6327
	recutive Center Circle		Tallahassee, Florida 32314

CR2E079 (2/14)







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

of State is: Anythingbut9to5 LLC	
2. The Florida document/registration number a L18000264256	ssigned to this limited liability company is:
3. The date this member/manager withdrew/res	signed or will withdraw/resign is: Feb 8, 2019
Steven T. Camargo	, hereby withdraw/resign as a
(Print Name of Person Resigning)	. , , , , , , , , , , , , , , , , , , ,
Manager/Member	
(Print Title)	
of this limited liability company and affirm the resignation in writing.	ne limited liability company has been notified of my
New 1 ocurano	

\$25.00 (Required) \$30.00 (Optional)

Filing Fee:

Certified Copy: