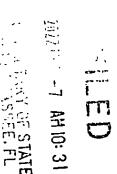
## 

(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:		





11/07/22--01090--005 \*\*59.00



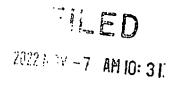
## **COVER LETTER**

<b>TO:</b> Registration Section	
Division of Corporations	
CAMILLA MAC, LLC	
SUBJECT:	
(N:	ame of Limited Liability Company)
The enclosed member, resignation	or dissociation and fee(s) are submitted for filing.
Please return all correspondence co	oncerning this matter to:
Joseph Ryan McMillan	
(Contact Person)	
CAMILLA MAC, LLC	
(Firm/Company)	<del>)</del>
2315 Willow Oak Dr.	
(Address)	
Edgewater, FL 32141	
(City/State and Zip C	Code)
For further information concerning	this matter, please call:
Joseph Ryan McMillan	678 531-0477
	at ()
(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
Mailing Address:	Street Address:

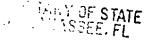
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 nar	e of the limited liability company as it appears on the records of the Florida Department CAMILLA MAC, LLC
of State	is:
2. The Flo	ida document/registration number assigned to this limited liability company is: 49377
	. 10/28/2022
	this member/manager withdrew/resigned or will withdraw/resign is:
4. I.	hereby withdraw/resign as a
Manage	(Print Name of Person Resigning)
	(Print Title)
	nited liability company and affirm the limited liability company has been notified of mon in writing.
a	1bh Camil MM
Signat	ire of Dissociating Member or Resigning Manager
Filing Fee Certified (	\$25.00 (Required) opy: \$30.00 (Optional)