L21000251518

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COVER LETTER

TO:	Regis	stration Section				
	Divis	ion of Corporations				
SUBJ	ECT:	IP Fish Camp, LLC				
	(Name of Limited Liability Company)					
The e	nclosed	l member, resignation or dis	sociatio	on and fee(s) are submitted for filing.	
Please	e returr	all correspondence concern	ing this	s matter to:		
Susan	Von Ho	ene, Esq				
		(Contact Person)			_	
Von H	oene lav	v Firm, PLLC				
		(Firm/Company)	-		_	
P. O. F	3ox 1527	7				
		(Address)		-	_	
Santa l	Rosa Be	ach, FL 32459				
		(City/State and Zip Code)			_	
For fu	irther ii	nformation concerning this r	natter, _j	please call:		
Susan	Von Ho	une	at	850 (622-4038	
	(N	ame of Contact Person)		`	e & Daytime Telephone Number)	
Enclo	sed ple	ase find a check made payat	ole to th	ne Florida !	Department of State for:	
≡ \$2	5 Filing	g Fee		355 Filin	g Fee & Certified Copy	
	<u>Mailir</u>	ng Address:			Street Address:	
	-	stration Section			Registration Section	
		sion of Corporations Box 6327			Division of Corporations The Centre of Tallahassee	
		box 0527 hassee, FL 32314			2415 N. Monroe Street, Suite 810	
	1 (1114	11000C, 1 L 32317			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)

The name of the limited liability companion of State is: IP Fish Camp, LLC	y as it appears on the records of the Florida Department
2. The Florida document/registration numb L21000251518	er assigned to this limited liability company is:
3. The date this member/manager withdrew	//resigned or will withdraw/resign is:
4. I. Susan Von Hoene (Print Name of Person Resigning)	
Authorized Representative / MENNER (Print Title)	
of this limited liability company and affirmesignation in writing.	m the limited liability company has been notified of my
200	
Signature of Dissociating Member or R	esigning Manager 55
Filing Fee: \$25.00 (Required)	·

Certified Copy:

\$30.00 (Optional)