M00000002190

CT	**					
(Requestor's Name)						
III EIGHTHTU.						
(Address)						
(Address)						
New York	NY	10011				
(Ci	ty/State/Zip/Pho	ne #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	ısiness Entity N	ame)				
(Do	ocument Numbe	r)				
Certified Copies	Certificat	es of Status				
Special Instructions to	Filing Officer:					
		,				

Office Use Only



000081288520

46/31/06 U1067~-008 **50.00

PILED

06 OCT 31 PM 2: 07

SECRETARING

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 608.509, Florida Statute	s, the undersigned,			
C T CORPORATION SYSTEM , hereby resigns as					
	(Name of Registered Agent)	ioropy realgain an	-		
Registered Agent for _	CAMP LEASING VENTURES, LLC. (DE. DOM.)				
,	(Name of Limited Liability Company)			 .	
M0000002190					
(Document Nun	iber, if known)		•		
A copy of this resignation	on was mailed to the above listed limited liability co	mpany at its last kn	own address	3.	
The agency is terminate	d and the office discontinued on the 31st day after the state of Resigning Agent)	e date on which the	is statement	is file	ed.
If signing on behalf of a	n entity:		AE I	달 &	1
	C T CORPORATION SYSTEM - Theresa Alfie	ri	SSET		П
	(Typed or Printed Name) ASSISTANT SECRETARY	• • •	E, FLC	¥ 2:	D
	(Capacity)		2000年	9	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 608.416(2) or 608.509, Florida	Statutes, the undersigned,	
CT CORPORATION	I SYSTEM	, hereby resigns as	
	(Name of Registered Agent)	, and the same of	
Registered Agent for _	CAMP LEASING VENTURES, LLC.	DE. DOM.)	
	(Name of Limited Liability Company)		
M00000002190			
(Document Num	nber, if known)		
.,	on was mailed to the above listed limited liab		
If signing on behalf of a	C T CORPORATION SYSTEM - Theres	SECRE IA TALLAHAS	FILEI
	(Typed or Printed Name) ASSISTANT SECRETARY	7 円	
	(Capacity)	ORIDA	29.09

Active limited liability company
Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314