## M22000001928

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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## TRANSMITTAL LETTER

Division of Corporations		
Camp M Auburndale, LLC SUBJECT:		
	(Name of Corporation)	
DOCUMENT NUMBER: M22000001928		
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing	
Please return all correspondence concerni	ng this matter to the following:	
John L. Mann		
(Name of Person)		
Law Offices of John L. Mann, P.A.		
(Name of Firm/Company	()	
500 South Florid Avenue, Suite 300		
(Address)		
Lakeland, FL 33801		
(City/State and Zip Code	)	
For further information concerning this m	atter, please call:	
John L. Mann	at (S63 ) 683-1358 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made paya	able to the Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Authorized Person, hereby resign as	
(Title)	•
	Camp M Auburmdale, LLC
	(Nan
r the laws of the State of	N122000001928
	(Document Number, if known)
	Delaware
)	

## **FILING FEE IS \$35.00**

Make checks payable to Florida Department of State and mail to:

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