P94000089124

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



800278949088

resignation
of officer

11/20/15--01011--012 *+35.00



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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

_{SUBJECT:} Campbell Limited Inc.	
(Name of Corpor	ration)
DOCUMENT NUMBER: P94000089124	
The enclosed Officer/Director Resignation for a Corporation	n and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
Stuart G. Campbell	
(Name of Person)	
Campbell Limited Inc.	
(Name of Firm/Company)	•
23075 Loop Road	
(Address)	•
Groveland, Florida 34736	
(City/State and Zip Code)	•
For further information concerning this matter, please call:	
Stuart Campbell at (352	7286485
(Name of Person) (Area Code	& Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

知情 NOV 20 PM 2: 15

, Scott R. Monger	_, hereby resign as Resident
	(Title)
of Campbell Limited Inc.	
(Name of Corporat	tion)
P94000089124	oration organized under the laws of the State of
(Document Number, if known)	
Florida	
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11	

FILING FEE IS \$35.00

Signature of resigning officer/director)

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

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