

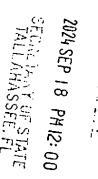
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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COVER LETTER

	(Name of Person)	it (P. Douting Talanhana Mumbari
Brenr	na Lutter	608	827-7629 & Daytime Telephone Number)
For furthe	r information concerning this m	atter, please call:	
	(City/State and Zip Code)	-
Madis	son, WI 53717		
	(Address)		-
525 J	Junction Rd Ste 50	000	
	(Name of Firm/Company)	•
Busir	ness Filings Incorp	orated	
	(Name of Person)		-
Brenr	na Lutter		
Please reti	urn all correspondence concerni	ng this matter to t	he following:
The enclo	sed Resignation of Registered A	gent for a Corpor	ation and fee are submitted for filin
DOCUM	ent number: <u>P190000</u>	77382	
		(Name of Corporat	ion)
SHRIFC"	_{r:} CCD Holdings, I	lnc.	
Di	ivision of Corporations		

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned. Business Filings Incorporated
(Name of Registered Agent)
hereby resigns as Registered Agent for CCD Holdings, Inc.
(Name of Corporation)
P19000077382
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)

If signing on behalf of an entity:

Asst Secretary for Business Filings Incorporated SEE STATE (Capacity) Asst Secretary for Business Filings Incorporated SEE STATE (Capacity)

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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