258797

(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	*
Special Instructions to Filing Officer:	
	ı

Office Use Only



200294897112

02/03/17--01007--027 **87.50



C MCNAIR

COVER LETTER

Amendment Section Division of Corporations

C-C Golf Course Incorporated

(Name of Corporation)

DOCUMENT NUMBER: 258797

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul G. Schlichte, Esq.

(Name of Person)

Ray A. Schlichte Jr. P.A.

(Name of Firm/Company)

2134 Hollywood Blvd.

Hollywood, Fl. 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul G. Schlichte, Esq. at (954) 923-4604 (Area Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Paula D. Obal
(Name of Registered Agent)
hereby resigns as Registered Agent for C-C Golf Course Incorporated
(Name of Corporation)
258797
(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.
Paula Quanu Obal (Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
· · ·
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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