

468024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

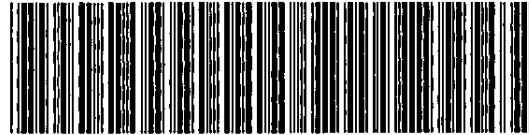
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TREASURY DIVISION

12 JAN -9 PM 3:43

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Consolidated Capital Ventures Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** 468024 The

enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Syndi R. Keats**

\_\_\_\_\_  
(Name of Person)

**None**

\_\_\_\_\_  
(Name of Firm/Company)

**14246 Wolfgang Rd**

\_\_\_\_\_  
(Address)

**Truckee, Ca. 96161**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Syndi R. Keats** at (530) 587-7302  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED

12 JAN -9 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

I, Syndi R. Keats, hereby resign as Secretary, Treasurer, and Director  
(Title)

Of Consolidated Capital Ventures Inc. (Name of Corporation)

: 468024, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

"Please be advised that I had no knowledge nor had I ever given my permission or authority to any person to submit my name as an Officer of this Corporation, and that if a signature was presented on any documents and purported to belong to myself, it was signed fraudulently by another. Although this Corporation is listed as inactive, I do not wish my name to be associated with neither this Corporation nor any of the listed Officers or Agents."

  
(Signature of resigning officer/director)

**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