K52045

(Re	questor's Name)	
. (Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	.
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700320388647

11/08/18--01018--018 **105.00

NOV 1 4 2018 S. YOUNG TALLAHASSEE ELOOM

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CCA Financial Services, Inc.
(Name of Corporation) K52045
DOCUMENT NUMBER: K52045
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:
Mayer Shirazipour
(Name of Person)
CCA Financial Services, Inc.
(Name of Firm/Company)
1710 W. Cypress Creek Road
(Address)
Fort Lauderdale, FL 33309
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at () (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Moskowitz, Mandell, Salim & Simowitz, PA	
(Name of Registered Agent)	
hereby resigns as Registered Agent for CCA Financial Services, Inc.	
(Name of Corporation)	
K52045	
(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 diffice 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:	
Michael W. Moskowitz ∖ ਙ∷ ਛ	
(Typed or Printed Name)	П
President President	II.
(Capacity)	
DRIDA Landa de la companya	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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