

L010000001944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

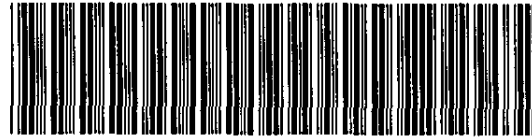
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000256028140

01/27/14--01034--001 \*\*250.00

FILED  
14 JAN 27 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB - 4 2014

T. BROWN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CRC Management  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L01000001944

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Waters  
Name of Person

Waters + Associates P.A.  
Name of Firm/Company

117 South Gadsden Street  
Address

Tallahassee, FL 32301  
City/State and Zip Code

bill@bwaterslaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Waters at (850) 692-3841  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

William R. Waters, Jr., hereby resigns as  
Name of Registered Agent

Registered Agent for CRC Management, LLC

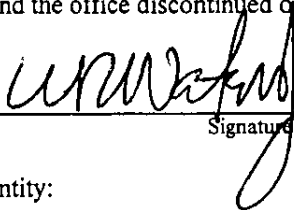
Name of Limited Liability Company

LD1000001944

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

William R. Waters, Jr.

Typed or Printed Name

President

Capacity

### **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

FILED  
14 JUN 27 PM 12:20  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE