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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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(Document Number)	
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SECRE DAVY OF STATE ALLAHASSEE FLORIDA

SOFIA POWELL-COSIO, P.A. 1900 SW 3RD Avenue Miami, Fl 33129 Phone: 305-579-9988

Fax: 305-579-9989

E-mail: sofiapc@aol.com

October 23, 2008

Department of State Division of Corporations Corporate Filings P. O. Box 6327 Tallahassee, FL 32314

Re: CCM Participations LLC Document No. L01000019682

Gentlemen:

Enclosed herewith please find the following:

- 1) Original Resignation of Member, Managing Member or Manager duly executed by Rubens Murillo
- 2) Our check No. 957 in the amount of \$55.00 representing the \$25.00 filing fee and \$30.00 for Certified Copy.

Please remit to our office the Certified Copy.

Thank you for your prompt attention to this matter.

Sincerely,

Sofia Powell-Cosio

SPC: ms

Enclosures (2)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it a of State is: CCM Participations LLC	ppears on the records of the Florida Department
2. This limited liability company was organized un State of Florida	der the laws of:
3. The Florida document/registration number of the L01000019682	s limited liability company is:
_{4. I,} Rubens Murillo Marques	_, hereby resign as a Manager
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the li resignation in writing.	mited liability company has been notified of my
Signature of Resigning Member, Managing Men	nber or Manager

\$25.00 (Required)

\$30.00 (Optional)

CR2E079 (5/06)

Filing Fee:

Certified Copy:

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