

L03000021247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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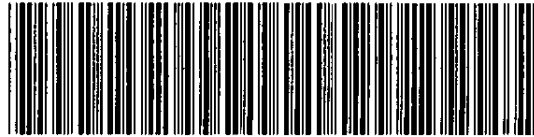
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOV 24 2 11 PM '08

J. BRYAN

NOV 25 2008

EXAMINER

CHARLES H. BURNS
ATTORNEY AT LAW
108 Intracoastal Pointe Drive, Suite 100
Jupiter, Florida 33477

Telephone: (561) 747-2600

Fax: (561) 743-8170

October 31, 2008

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV 24 PM 1:36

RE: C & C Enterprises, LLC

Gentlemen:

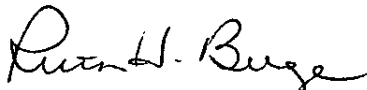
Enclosed please find the following original documents which we are forwarding to you for filing with the State of Florida:

1. Resignation of Registered Agent for a Limited Liability Company;
2. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company; and
3. Resignation of Member, managing Member or Manager from Florida or Foreign Limited Liability Company.

We have enclosed our check in the total amount of \$135.00 representing the \$85.00 charge for the Resignation and the two \$25.00 charge for the remaining documents. We are also enclosing a self-addressed, stamped envelope for your convenience in returning confirmation to our office.

Should you have any question, please do not hesitate to contact us.

Sincerely yours,



Ruth H. Berge
Paralegal for
Charles H. Burns, Esq.

/rhb
Enclosures

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

THOMAS CAPASSO

(Name of Registered Agent)

, hereby resigns as

Registered Agent for C & C ENTERPRISES, LLC

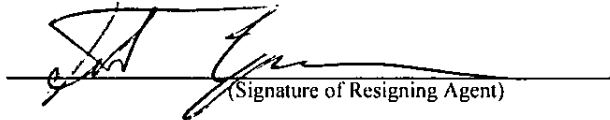
(Name of Limited Liability Company)

L03000021247

(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:

(Typed or Printed Name)

(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