

LSB 0000042480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED
13 JUL 22 PM 2:55
TALLAHASSEE, FLORIDA

JUL 24 2013
J. BUTLER

GUTTENMACHER, BOHATCH & PEÑARANDA, P.A.

ATTORNEYS AT LAW

JOHN S. BOHATCH+
EDWARD P. GUTTENMACHER
KATALINA PEÑARANDA
ANDRES E. TEJIDOR*

PRACTICE LIMITED TO
PROBATE, ESTATE PLANNING,
BUSINESS PLANNING & TAXATION

† FLORIDA CERTIFIED PUBLIC ACCOUNTANT
* LL.M. TAXATION

7301 SOUTHWEST 57TH COURT
SUITE 560
SOUTH MIAMI, FLORIDA 33143

TELEPHONE (305) 666-1040
TELEFAX (305) 666-1020
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KEY WEST OFFICE
GULFVIEW POINTE
2647 GULFVIEW DRIVE
KEY WEST, FLORIDA 33040

TELEPHONE (305) 294-1521
TELEFAX (305) 292-4016

PLEASE REPLY TO:
SOUTH MIAMI

July 18, 2013

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

RE: C Squared Construction, LLC

To Whom It May Concern:

Enclosed please find the Resignation of Registered Agent for the above referenced entity and check in the amount of \$85.00 in this regard.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,

GUTTENMACHER, BOHATCH & PEÑARANDA, P.A.


KATALINA PEÑARANDA, ESQ.

KP/jt
Enclosures

FILED
JUL 22 PM 2:55
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **C SQUARED CONSTRUCTION, LLC**

Name of Limited Liability Company

DOCUMENT NUMBER: **103000042480**

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:

JOHN S. BOHATCH

Name of Person

GUTTENMACHER, BOHATCH & PENARANDA, P.A.

Name of Firm/Company

7301 SW 57TH COURT, SUITE 560

Address

SOUTH MIAMI, FL 33143

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN S. BOHATCH at **(305) 666-1040**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

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13 JUL 22 PM 2:55
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

JOHN S. BOHATCH, ESQ., hereby resigns as

Name of Registered Agent

Registered Agent for **C SQUARED CONSTRUCTION, LLC**

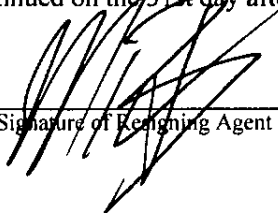
Name of Limited Liability Company

L03000042480

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

FILED
13 JUL 22 PM 2:55
TALLAHASSEE, FLORIDA

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