

L04 000045531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

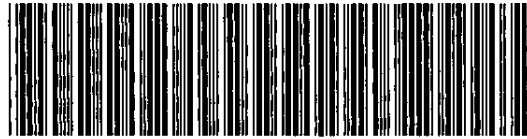
(Business Entity Name)

(Document Number)

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2012 SEP 21 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

SEP 24 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C & G FAMILY VENTURES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L04000045531

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:

Frank Smith, Esq.
Name of Person

Smith & Verbit, PL
Name of Firm/Company

9900 Stirling Road, Suite 303
Address

Cooper City, Florida 33024
City/State and Zip Code

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

For further information concerning this matter, please call:

Frank Smith, Esq. at (954) 965-8350
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2012 SEP 21 AM 11:00
STATE OF FLORIDA
TALLAHASSEE, FL

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,

ANTHONY D. CASERTA

_____, hereby resigns as
Name of Registered Agent

Registered Agent for C & G FAMILY VENTURES, LLC

Name of Limited Liability Company

L04000045531

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

FILED
2012 SEP 21 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA