L04000086630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RA Resign
Tlewis
6-12-09

8/3/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C4 DIRECT SOLUTIONS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L04000086630

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:

JEFFREY WEINSTOCK, ESQ.
Name of Person

BUCKINGHAM, DOOLITTLE & BURROUGHS LLP
Name of Firm/Company

5355 TOWN CENTER ROAD, SUITE 900
Address

BOCA RATON, FL 33486
City/State and Zip Code

JWEINSTOCK@BDBLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFREY WEINSTOCK at (561) 241-0414
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

BDB AGENT CO., hereby resigns as
Name of Registered Agent

Registered Agent for

C4 DIRECT SOLUTIONS, LLC
Name of Limited Liability Company

L04000086630
Document Number, if known

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TALLAHASSEE, FLORIDA

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:

JEFFREY WEINSTOCK
Typed or Printed Name

ASSISTANT SECRETARY
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$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (08/05)