

L04000086630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

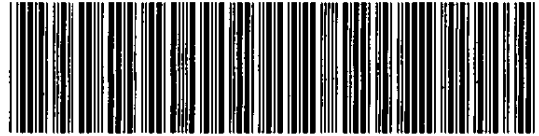
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TALLAHASSEE, FLORIDA

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RA Resign  
T Lewis  
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

Name of Person

at ( 561 )

241-0414  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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.

Name of Registered Agent

, hereby resigns as

Registered Agent for

C4 DIRECT SOLUTIONS, LLC

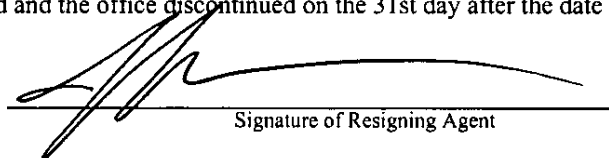
Name of Limited Liability Company

L04000086630

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:

JEFFREY WEINSTOCK

Typed or Printed Name

ASSISTANT SECRETARY

Capacity

### **FILING FEES:**

|          |                                                                                           |
|----------|-------------------------------------------------------------------------------------------|
| \$ 85.00 | Active limited liability company                                                          |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>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

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09 AUG -6 PM 12:49  
TALLAHASSEE, FLORIDA  
CLERK OF STATE